



Arizona Sleep & Breathing

ALPA MERCHANT DDS, D ABDSM, D ASBA

Sleep Apnea, TMJ, Headaches & Facial Pain

Patient Name: _____ DOB: _____

Cell Phone: _____

Email: _____

Referring Doctor: _____

Sleep & TMD Symptoms: (Please check all that apply)

<input type="checkbox"/> Obstructive Sleep Apnea	<input type="checkbox"/> TMJ Pain
<input type="checkbox"/> Frequent/Heavy Snoring	<input type="checkbox"/> Headache/ Migraines
<input type="checkbox"/> Fatigue/Daytime Sleepiness	<input type="checkbox"/> Grinding/Clenching teeth
<input type="checkbox"/> CPAP Intolerant	<input type="checkbox"/> Jaw Popping/Clicking
<input type="checkbox"/> Repeated Awakening during Sleep	<input type="checkbox"/> Pain when chewing
<input type="checkbox"/> Tongue and lip tie	<input type="checkbox"/> History of Tooth Fractures
<input type="checkbox"/> Limited mouth opening	<input type="checkbox"/> Sudden bite changes
<input type="checkbox"/> Ringing in the Ears	<input type="checkbox"/> Unexplained Tooth pain & mobility
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Trigeminal Neuralgia

Remarks: _____

Doctor: _____ Phone: _____

Please fax referral to 1-520-299-1739

❖ **Healing Begins With Awareness** ❖