



Rochester TMJ Therapy

Facial Pain and Dental Sleep Apnea
Services

feel better, breathe easier

200 White Spruce Blvd.
Suite. 104
Rochester, NY, 14623
Phone: 585-358-0460
Fax: 585-358-0461
info@roctmj.com

Patient Name _____ Date of Birth _____

Phone Number _____

Address _____

Sleep Breathing Disorder

Please Fabricate Custom Oral Appliance (E0486) based on diagnosis and report below:

G47.33 Obstructive Sleep Apnea AHI/RDI _____

R06.83 Snoring Other Diagnosis code _____

nPSG report attached HSAT report attached

Orofacial Pain -Evaluate for following

TMJ Musculoskeletal Disorder

Neuropathic/Neurosensory Disorder

Headache Disorder

Other Orofacial Pain Condition _____

Comments: _____

***send all images (CBCT, Pan, MRI, etc.) to secure@roctmj.com**

Referral form may be faxed or emailed

Referring Provider

Name _____

Specialty _____ Signature _____

Office Name _____

Office Phone Number _____ Date _____