REFERRAL FORM

Wesley E. Shankland, II, D.D.S., M.S., Ph.D.

158 A Commerce Park Drive

Westerville, Ohio 43082

Phone: 614-794-0033 Fax: 614-794-2291

Or email: jewel@drshankland.com

Referred By: Dr.__________________________ Office Phone: _________________

Office Fax: _________________

Patient Name: ___________________________ Patient Phone:________________

Patient requires evaluation for:

	Bruxism		Joint Clicking
	Ear Pain		Joint Locking
	Facial Pain		Other
	Jaw Pain		

Notes:

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Physician requests phone call after evaluation? Y N

Thank you for allowing us to provide continuing care for this patient.