

You have taken the first step in your healing journey!

You were referred to our office because your provider is concerned with your health and recommended an evaluation by Dr. Shab Krish!

Dr. Krish provides non-invasive therapy to patients suffering from:

- ◆ Temporomandibular Joint
- ◆ Headaches
- ◆ Pain in Jaw Joint
- ◆ Jaw Popping or Clicking
- ◆ Facial, Neck or Back Pain
- ◆ Snoring
- ◆ Frequent Nighttime Awakenings
- ◆ Excessive Daytime Sleepiness
- ◆ Heartburn and GERD
- ◆ ADD/ADHD

and more...



We are glad you have chosen our office to help you restore your quality of life.

Dr. Krish & Sleep Therapy Team

Referral Form

SCREENING FORM

For patients with head, neck and facial pain & Sleep Disordered breathing/apnea

- ☐ Primary headaches or migraines
- ☐ Snoring/Sleep Apnea
- ☐ Disturbed, restless sleeping
- ☐ CPAP Intolerance
- ☐ Daytime Drowsiness
- ☐ ADD
- ☐ Earaches, stuffiness or ringing
- ☐ Neck, shoulder, back pain or stiffness
- ☐ Dizziness
- ☐ Pain or soreness in TM joints
- ☐ Limited mouth opening
- ☐ Locking jaw (opened or closed)
- ☐ Facial or undiagnosed teeth pain
- ☐ Difficulty swallowing

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TM and Sleep. We will be happy to assist you in diagnosis and treatment for possible Craniomandibular, Temporomandibular or Sleep Disordered Breathing/Apnea.

Patient Information

Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Referring Doctor & Phone Number: _____

☐ Exam

☐ 2nd Opinion

☐ Send Report

☐ Call Me



**TMJ & Sleep Therapy Centre
of North Texas**

Dr. Shab Krish, DDS, MS

Diplomate
American Board of
Craniofacial Pain
American Board of Craniofacial
Dental Sleep Medicine

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Please fax referral to
TMJ & Sleep Therapy Centre
and give a copy to the patient