TS
ORAL HEALTH

DR. TOM SHACKLETON DDS, MS

General Dentist
Practice Limited to Endodontics, TMJ Pain & Oral Medicine

Clinic Name: _____ Clinic Phone: _____

Referring Doctor: _____

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ Patient Cell: _____

Patient Email: _____

☐ **Endodontic Assessment Tooth #** _____ ☐ Periapical Radiolucency ☐ Root Canal Treatment ☐ Root Canal Re-Treatment ☐ Apical Surgery ☐ Tooth has been opened ☐ Other Comments: * Please send most recent PA *	☐ **TMJ Assessment** ☐ Muscle Pain ☐ Joint Clicking ☐ Headaches ☐ MVA - Date of MVA: _____ ☐ Locking ☐ Limited Opening ☐ Other Comments: * Please send most recent Pan with dates *
☐ **Orofacial Pain Assessment** ☐ Atypical Face Pain ☐ Pain of Unknown Origin ☐ Neuropathic Pain ☐ Trigeminal Neuralgia Comments: * Please send most recent Pan with dates *	☐ **Oral Medicine Assessment** ☐ Mucocele Treatment ☐ Burning Mouth ☐ Unknown Oral Lesion ☐ Oral Trush ☐ Other Comments:

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