

Sleep Apnea
Snoring
CPAP Intolerance
Temporomandibular Disorders
Facial Pain
Headaches

Fellow:
American Academy
of Craniofacial Pain

Member:
American Academy of
Sleep Medicine

Academy of Dental
Sleep Medicine

International Association
for Orthodontics

American Association for
Functional Orthodontics

**Trained in
Advanced Diagnostics:
Complex Motion
Tomography**

Biopack Jaw
Vibration Analysis

Jaw Tracker/EMG

Acoustic Reflection
Technology

Class II Ambulatory
Sleep Study Analysis

REFERRAL

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TMJ disorders and sleep disordered breathing (snoring, sleep apnea). We will be happy to assist you in the diagnosis and treatment of these disorders.

Sleep Disordered Breathing Patients

- CPAP intolerant
- Snoring and sleep apnea
- Wake up tired in the morning
- Tired throughout the day
- Headaches
- Acid reflux (heart burn)
- High blood pressure
- Wake up early & can't fall back asleep
- Feel achy and stiff in the morning
- Wake up gasping for breath
- Very sleepy after lunch
- Fall asleep in meetings and theaters
- Fall asleep as a passenger in a car
- Fall asleep reading
- Fall asleep watching TV

Head, Neck & Facial Pain Patients

- Headaches
- Earaches, stuffiness or ringing
- Pain behind eyes
- Dizziness
- Limited mouth opening
- Neck, shoulder, back pain or stuffiness
- Clicking or grating sounds in TM joints
- Pain or soreness in TM joints
- Locking jaw (open or closed)
- Unexplained teeth or facial pain
- Numbness in fingers or arms
- Difficulty swallowing

WHITE: PATIENT'S COPY / YELLOW: REFERRING DOCTOR'S COPY

THE CENTER
FOR SLEEP & TMJ DISORDERS

PATIENT RESERVATION

This time is reserved only for you. If by necessity, you must cancel this reservation, please notify us two working days in advance.

Date _____ Time _____ Day _____

Introducing _____

Address _____

Phone _____

REFERRED BY:

Your Name _____

Date _____ Phone _____

Signature _____

INSTRUCTIONS:

- Need a second opinion
- Send a report
- Call me
- Please call me before proceeding with treatment
- Please have patient return after treatment has been completed
- I have sent radiographs with patient for your evaluation
 - Please return after seeing patient
 - Keep for your records
- Please send more referral forms

Calvin A. Fritzsche, D.D.S., F.A.A.C.P

404 Brookside Avenue • Redlands, CA 92373

909-798-3516 • fax 909-798-8032

DrCalvinFritzsche@SleepTMJ.com • www.SleepTMJ.com