LSU Health NEW ORLEANS
School of Dentistry

LSU TMD & OROFACIAL PAIN CLINIC
1100 Florida Avenue, 3rd Floor, Box 10
New Orleans, LA 70119
Office: (504) 941-8900
Fax: (504) 941-8901
Email: ofpcenter@lsuhsc.edu

Referral Form

Referring Clinician Information Referral Date:

Clinic Name: _____

Referring Doctor: _____

Doctor's Email: _____

Mailing Address: _____

Phone Number: _____

Patient Information

Patient's Name: _____

Date of Birth: _____ Age:____ Gender: M☐ F☐

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Refer To:

☐ LSU TMD & Orofacial Pain Clinic (Post Grad Clinic)
☐ Faculty Dental Practice - Choose one: ☐ Dr. R. Almudamgha ☐ Dr. G. Klasser

Appointment Information

PRIMARY CONCERNS

☐ Jaw Pain
☐ TMJ Noises
☐ Headaches
☐ Non-Odontogenic Pain
☐ Other Please Specify

☐ Ear Pain
☐ Jaw Locking
☐ Neuropathic Pain
☐ Sleep Apnea/Snoring

_____

_____

Please see other side

Please indicate the following:

☐ Patient will call to schedule an appointment
☐ Please call patient to schedule an appointment

Comments:

_____
_____
_____
_____
_____
_____
_____

For Attachments & Documents: Please email any images/documents or notes along with a completed referral to: ofpcenter@lsuhsc.edu

Please send the referral to The LSU TMD & Orofacial Pain Clinic via Fax or E-Mail:

Fax Number: (504) 941-8901

E-Mail Address: ofpcenter@lsuhsc.edu

For any questions or concerns please call the office @ (504) 941-8900