



# College of Dentistry and Dental Clinics

Department of Preventive  
and Community Dentistry

Located in the Delta Dental of Iowa Foundation Geriatrics and Special Needs Clinic

## Temporomandibular Disorder and Orofacial Pain

305 Dental Science Building West  
Iowa City, IA 52242-1001

Clinic: 319-335-7373  
Fax: 319-335-8788

FACULTY PRACTICE  
Hong Chen, DDS, MS

Date: \_\_\_\_\_

Patient legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient address: \_\_\_\_\_

Patient phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of medical insurance: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please remind the patient to contact MEDICAL insurance company for coverage information PRIOR to the appointment, and to bring MEDICAL insurance card(s) to the appointment.*

Reason for this referral:  Consult  Consult and treat

Jaw pain

Face pain

Headache

Noises in jaw joint

Locking of jaw

Inability to open mouth

Other (please specify) \_\_\_\_\_

Comments: \_\_\_\_\_

Radiographs preferred on film or compact disc:

Enclosed

None provided

To transfer patient records and radiographs electronically, please use our HIPAA compliant and secure website. **Call Central Records at 319-335-7429** for instructions. Include your office name/phone number, patient name/date of birth, and date radiographs made.

Referring dentist/doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_