UNIVERSITY of MARYLAND
SCHOOL OF DENTISTRY

Brotman Facial Pain Clinic
650 W. Baltimore St., 4th Floor
Baltimore, MD 21201
Phone: (410) 706-7961
Fax: (410) 706-0309

Orofacial and Head Pain referral to Brotman Facial Pain Clinic

PLEASE PRINT ALL INFORMATION LEGIBLY. Include letter of referral if more space is needed.

Patient Name _____ Male ____ Female ____

Patient Address _____

_____ ZIP _____

Patient DOB _____

Patient Insurance _____ Home Ph# _____

Work Ph# _____Cell Ph# _____Preferred #_____

Parent/Guardian Name if minor _____

Relation to Patient _____

Parent/Guardian DOB _____

Referring Dentist _____

Ref Dentist Address _____

_____ Zip _____

Dentist's Ph# _____ N.B. We accept NO HMO Dental Insurance

Diagnosis/Symptoms/Reason for Referral _____

_____

_____

_____

Significant dental history_____

_____

_____

Significant medical history/relevant diagnosis_____

_____

_____

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Please bring any night guard or mouth appliance currently in use as well as any relevant dental and medical records, list of medications currently taking, laboratory results, MRIs or X-rays taken outside the school to the appointment. Thank you. For more information please call (410) 706-79