



AIRE

DENTAL GROUP

Nader Amiran, DMD

Phone: 630-963-1458

Email: info@airedental.com

Introducing: _____ Referral Date: _____

Referring Doctor: _____

Doctor's Phone: _____ Doctor's Fax: _____

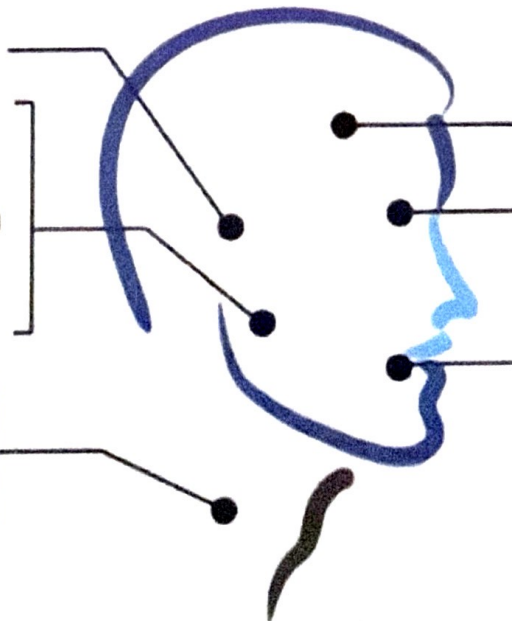
Patient's Phone: _____

- Please call patient to schedule appointment
- Patient will call to schedule their appointment

Signs & Symptoms

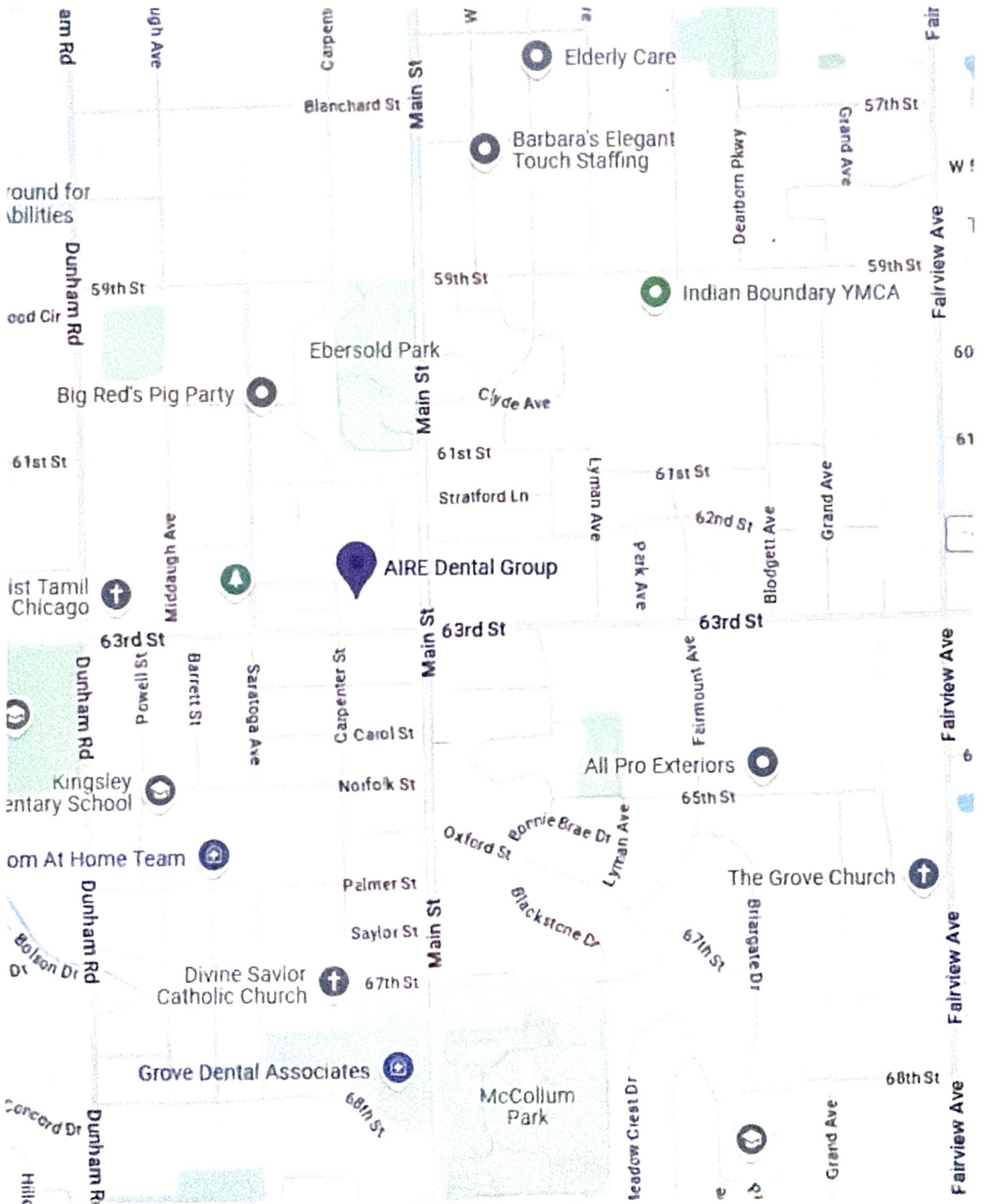
TMJ Referral

- Earaches, Fullness or Ringing
- Clicking or Grating Sounds in TMJ
- Pain or Soreness in TMJ
- Locked Jaw
- Neck, Shoulder, Back Pain or Stiffness
- Difficulty Swallowing



- Dizziness / Vertigo
- Headaches
- Pain behind Eyes
- Unexplained Teeth or Facial Pain
- Limited Mouth Opening
- Other _____

Notes: _____



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**6224 Main Street
Downers Grove, IL 60516**



www.airedental.com