

# FAX REFERRAL FORM

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TMJ Disorders  
Head & Facial Pain  
Sleep Apnea & Snoring

Jamison R. Spencer, D.M.D., M.S.      Gerald J. Murphy, B.S., D.D.S.

Date \_\_\_\_\_

Referred by \_\_\_\_\_

Introducing \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

- Referred for Sleep Appliance
- Referred for Craniofacial Pain/TMD

Reason & Prior treatment:

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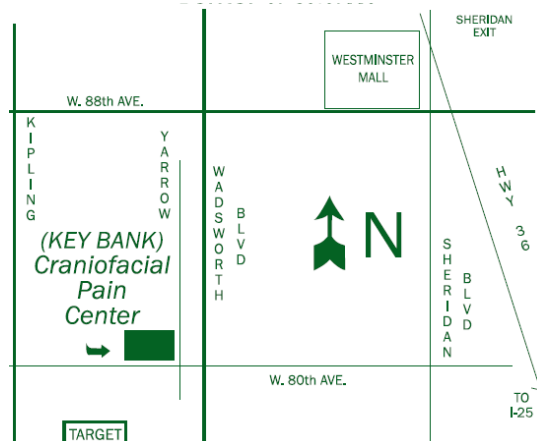
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7878 W. 80<sup>th</sup> Place ▪ Suite 2-D ▪ Arvada, CO 80005 ▪ 303-421-2696 ▪ [www.cpccolorado.com](http://www.cpccolorado.com)



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