



Karyn Kahn, DDS  
General Dentistry  
Craniofacial Pain/Jaw Dysfunctions

Date:

Patient Name:

Patient Phone Number:

Referring Dentist:

Dental Office Email: (optional)

☐ Comprehensive Temporomandibular Disorder Examination

☐ T.M.D. Evaluate and Treat

☐ Chief Complaint\_\_\_\_\_

☐ Previous Treatment\_\_\_\_\_

☐ Occlusal Orthotics\_\_\_\_\_

☐ Pharmacotherapy\_\_\_\_\_

☐ Imaging Available/Date\_\_\_\_\_

☐ Additional Comments\_\_\_\_\_

- Please email any current radiographs including recent panorex and /or CT/MRI Imaging reports within the past five years to [dentalimages@ccf.org](mailto:dentalimages@ccf.org)

The Cleveland Clinic Foundation  
Head and Neck Institute

9500 Euclid Ave/A71  
Cleveland, Ohio 44195

Telephone 216-444-3265  
Fax 216-445-8570  
Appt 216-444-6907  
800-223-2273x46907