

Dentist Referral



Phone: 651-646-7246

Fax: 651-641-0726

1600 University Ave.

Suite 10

St. Paul, MN 55104

Patient Name: _____

DOB: _____ Phone Number: () _____

Email: _____

Onset/DOI: _____

Need an Interpreter? Yes No Language: _____

Diagnosis: _____

TMJ Arthralgia

Right (M26.621)

Left (M26.622)

Bilateral (M26.623)

TMJ Disc Disorder

Right (M26.631)

Left (M26.632)

Bilateral (M26.633)

Cervicalgia (M54.2)

Headache (R51)

Special Instructions: _____

Medical Services

Physical Medicine Evaluation with Dr. Mark Agre, MD, MS, DABPMR

Electrodiagnostics/EMG/NCS with Dr. Mark Agre, MD, MS, DABPMR

Reason for study: _____

Rehabilitative Services

Evaluate & Treat: Physical/Occupational Therapy

Specialty Programs/Services (provided by Physical and/or Occupational Therapists):

These are optional, please check all that apply

Aquatic Therapy

Bike Fit

Iontophoresis with Dexamethasone

Pilates Mat/Reformer Rehabilitation

Postural Restoration

Pregnancy/Post-Partum Program

Med-X Cervical Spine Program

Equipment

Home TENS unit

Home Cervical Traction Device

ADL/Adaptive Equip: _____

Other: _____

Clinic Name: _____ Clinic Phone Number: () _____

Signature: _____ Date: _____ Provider Name: _____

IMPACT also provides a variety of Wellness Services including: Wellness Memberships, Massage Therapy, Performance Bike Fits & Group Wellness Classes (Mat Pilates, Tai Chi & Pool).

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