

Sample Health Assessment Questionnaire

Name of the respondent:

Age of the respondent:

Gender of the respondent:

Marital Status:

Contact No.:

Correspondence Address:

Following are a few questions asked to assess your health conditions. Please answer all the questions in the spaces provided.

1. Please select out of the following list, all the illness, diseases or medical conditions that you are suffering from at present

- a) Diabetes
- b) Health conditions
- c) Kidney problem
- d) Liver malfunction
- e) Migraine
- f) Stomach issues
- g) Intestinal problems
- h) Cancer
- i) Other(please mention the name)

2. Please select out of the following list, all the pains you are suffering from at present.

- a) Headache
- b) Joint pain
- c) Stomach ache
- d) Body ache
- e) Other(please specify)

Comprehensive Medical Exam (CME) Sample

1 of 4

Patient Name: Willard P. Patient

Date of Exam: 10/01/15

Start Time: 09:00 **Ending Time:** 10:00

Examining Physician: Dr Good

Subjective

Chief Complaint (CC):

72 year old male presented with the complaint of pain in the lower left jaw and inability to masticate food easily. Pain has been chronic for several months and is getting worse. He feels throbbing and swelling of this area. His inability to chew food adequately is creating gastro-intestinal issues.

Patient in pain, cannot chew food without pain.

History of Present Illness (HPI):

Clinical evaluation and radiographs revealed bone osteitis in lower left mandible distal to the mental foramen. Patient has had chronic pain for several months and it is getting worse. Condition contributes to inadequate dietary intake with gastro-intestinal issues and puts him at high risk for cardiac disease due to presence of arterial stents.

Medical History

Allergies:

Patient reports he has nausea when taking hydrocodone class of drugs

Medications: Clopidogrel, Bisoprolol, Simvastatin, Timolol Maleate,

Lvothyroxine, aspirin 85 mg, Acetaminophen for current pain in jaw, pre-med

with amoxicillin due to cardiac arterial stents.

Past Family History:

No diabetes or cancer

Social History:

Patient does not smoke; does not drink alcohol

Review of Systems (ROS)

Constitutional:

No fever or night sweats; Patient has good appetite

ENT, Mouth:

Difficulty with chewing, pain when chewing food

No pain with swallowing (odynophagia)

No sore throat, runny nose, no ear pain

Sinus discharge, mild, consistent w/pneumatization, sinus, throbbing
intermittant,
Pain Lower Left Mandible distal to mental foreman
Pain with chewing
Severe resorption Left below zygoma

Objective

Eyes: No visual changes or headaches
No eye pain, double vision, or floaters

Cardiovascular: No chest pain or shortness of breath
Patient tolerates mild exercise
Patient reports placement of two coronary artery stents placed in November 2009, and one in 2013

Respiratory: No coughing, sputum, wheezing, or shortness of breath; no exercise intolerance

Gastrointestinal: Difficulty chewing food leading to GERD like symptoms
No abdominal pain, No weight loss
No difficulty swallowing
No nausea, vomiting, or diarrhea

Musculoskeletal: No pain in TMJ
No muscle facial pain
Patient reports back surgery, hand surgery, knee arthroscopic surgery 5 y/o+
Patient is ambulatory and has a normal gait

Neurologic: Patient reports no headache or imbalance

Psychiatric: Patients admits to no anxiety, difficulty concentrating at work, or lack of energy

Endocrine: No heat or cold intolerance, no increase in thirst or appetite

Head and Neck Evaluation

Constitutional: BP 144/75, HR 67, Respiration 15
No fever

Eyes: Pupils equal, round, and reactive to light and accommodation
Extra ocular movement in tact

Musculoskeletal: TMJ-full range-of-motion with no crepitus or deviation

Neurologic: Patient is alert and oriented to person, place, and time

Psychiatric: Patient affect is normal, good orientation to place, time, and person

Neck

Endocrine: Examination of thyroid shows no thyromegaly and no tracheal deviation
Cervical lymph nodes are symmetrical with no adenopathy R&L
Sub-mandibular Left lymphadenopathy

ENT / Mouth: Moderate sinus pain to palpation on left, no rhinorrhea or nasal edema
Post nasal drip present

Intra Oral

Pain: Chronic pain in the lower left mandible distal to the mental foreman, tender to palpation on buccal surface of mandible

Oral Mucosa: Posterior left maxillary sinus area inflammation, no ulceration or cytes, acute inflammation, suppuration of mucosa left mandible distal to mental foreman

Lips: Not dry / Normal

Tongue: Normal size and symmetrical

Floor of the Mouth: No lesions

Palate: Hard and soft; normal, no lesions, normal uvula

Exostoses or Tori: None present

Bone Atrophy: Maxilla Left atrophy severe, below Left Zygoma
Severe resorption Left mandible distal to mental foreman

Neoplasm: None present

Salivary Parotid Glands: Normal function, no stones

Assessment

Radiographic Evaluation: A review of the orthopantogram reveals Lower Left bone osteitis approximately 6mm in diameter, distal to the Left mental foreman
Severe resorption of alveolus mandibular left, distal to the mental foreman

Assessment: Pain and swelling in the Left mandible distal to the mental foreman that originates from an osteitis/bone infection

Difficulty chewing food

Diagnosis established

1. M27.9 Jaw pain mandible
2. M27.2 Jaw inflammation, infection, abscess of the jaw bone
3. R59.9 Lymphadenopathy
4. K08.23 Severe atrophy mandible

Plan

Spent 60 minutes discussing with patient treatment options, risks, benefits, and alternatives. The patient is high risk due to the severity of the atrophy and the presence of infection and the presence of cardiac stents. Gastro-intestinal imbalance leading to taking medications

Discusses with the patient the findings and reviewed the options, both surgical and non-surgical that are available. To correct his conditions, he was advised that it would be necessary to debride lower jaw infection followed in three months with bone graft and reconstruct the jaw with Titanium Bone Stabilizer (TBS). Surgery, post-operative instructions, risks, and possible complications were discussed with the patient.

Treatment Codes:

1. 21025 Surgical excision mandible, extensive
2. 70355 OPG
3. P9020 PRF

Patient to Follow UP:

Mandibular reconstruction, bone graft, TBS

Follow up to include a 3D axial CT to ensure placement and healing of bone graft and Titanium Bone Stabilizers

Doctor's Signature, etc

Letter of Medical Necessity (LMN) Sample

ATTENTION: Medical Review (LMN)

RE: Willard P. Patient

Subscriber: Willard P. Patient

Subscriber ID:

Group No:

Examining Doctor:

Date of Examination:

The following is being provided to support the medical necessity for an outpatient diagnostic procedure. Outlined are the diagnostic and procedure codes, description, and cost of the necessary procedures. Copies of applicable medical records to support the medical necessity are attached.

Diagnosis Codes:

1. R68.84 Jaw pain mandible
2. M27.2 Jaw inflammation, infection jaw bone
3. R59.9 Lymphadenopathy
4. K08.23 Severe atrophy mandible

Procedures to be Performed:

1. 21025 Surgical debridement, extensive
2. 70355 Orthopantogram
3. P9020 PRF

Patient presented to my office with a chief complaint of pain and swelling lower left jaw distal to the mental foreman. It will be necessary to debride existing osteitis in bone and allow adequate healing time prior to jaw reconstruction.

An Orthopantogram will be taken post operative to ensure that all areas were debrided. The patient will require a surgery in the future to place bone graft and Titanium Bone Stabilizer for partial reconstruction of the mandible and to correct jaw dysfunction that has resulted from the jaw atrophy and patient's inability to chew food adequately. If we can be of further assistance, or should you have any questions, please do not hesitate to contact our office at (____)____-____.

Respectfully,

Signature of Doctor

Enclosures: Head and Neck Evaluation and Operative Report

Operative Report Sample

Patient: Willard P. Patient

Date of Surgery:

Pre-Operative Diagnosis: Jaw pain, osteitis

Post-Operative Diagnosis: Same

Anesthesia: Local anesthetic

Procedures: Surgical debridement of infection left mandible, Orthopantogram

OPERATIVE TECHNIQUE:

The patient was present in the office where he was prepared and draped for oral surgery in the usual manner. Patient placed on pulse oximeter to monitor vital signs. Local anesthetic was given using 3.6cc of 2% Lidocaine with 1:100,00 epinephrine and 3.6cc 4% Articaine with 1:200,00 epinephrine. Blood draw from the left antecubital fossa for growth factors include 40cc processed to monocytes and autologous fibrin. Incision was made at the alveolar crest of the left mandible and extended 1cm horizontally distal to the mental foramen. A full thickness mucosal flap was elevated on the buccal and lingual surface of the mandible to gain access to the infected site.

Surgical bone curettes were used to debride the infected site down to the healthy bone. Granulation tissue was sero-suppurative and measured 5mm diameter. Chlorhexidine gluconate .125% irrigation was done with 10cc of liquid. Bleeding was controlled with placement of a 10mm square collagen plug to the surgical site. The surgical flap was replaced and sutured using a PTFE membrane, 3-0 poly glycolic acid sutures and pressure dressing on the surgical site. Blood loss was minimal and estimated at approximately 3cc. Vital signs during surgery averaged 124/62, 18 respiration/min, HR 59, oxygen saturation 95%. Due to extent of infection, it was decided to bring the patient back for a surgical bone grafting procedure and placement of a titanium bone stabilizer after initial healing takes place. An orthopantogram was taken to confirm the lesion was curetted completely. The patient was discharged with oral and written post-operative instructions and given prescriptions for 21 tab of amoxicillin 500mg tid until all used.

Acetaminophen 500mg x 15, two each every 6 hours PRN for pain. The patient was instructed to return in 1 week for follow-up observation and care.

Doctor's Signature, etc

Office Policy Sample Letters

Dear Patient,

In order to meet the needs and requests of our patients, we are enrolled in numerous insurance programs. We are very pleased to be able to provide this service to you, but it is extremely difficult for us to keep track of all the individual requirements of the plans. Each plan has different stipulations regarding benefits.

Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality dental care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if you let us know at EACH time of service exactly what those guidelines are.

Unfortunately, if you do not know or do not inform us of any special requirements in your insurance contract and we render services that are not covered, we will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.

We understand that sometimes the patient does not know what is covered and what is not. However, often we do not and cannot know either. Also, please be aware we have no control regarding the timelines with which your company will process claims. (We will process and submit your insurance for payment within 48 hours of your visit.) Your personal estimate percentage will be due the date services are rendered, and for your convenience our office does accept major credit cards. Should you elect to assign your benefits directly to our office, we allow 60 days from the date of service for the receipt of payment from your insurance company. If there should be a delay in the insurance company's processing, the entire balance is due at that time. Please remember that ultimately you are responsible for all services rendered.

With your cooperation and help, you should be able to receive all of the benefits offered to you, and we will be able to concentrate on caring for your dental needs.

I have read and understand the office policy stated above and agree to accept responsibility as described.

Signature

Date

Medical Phone Pre-Determination/Authorization Intake

Date _____ Time _____ AM/PM Call Reference# _____

Name of Rep _____ Direct Phone/Ext _____

Subscriber Name _____ Subscriber ID _____

Patient Name _____ Relationship to Subscriber _____

Dependent Coverage Y/N If Yes, Who _____

Member/Group # _____ Policy Renewal Date _____

Insurance Carrier _____ Mailing Address _____

Pre-D Necessary? Y/N If Yes, How to Handle _____ Pre-D Phone # _____

Treatment Plan/Letter of Medical Necessity _____

Fax Info for LMN _____ Name _____ Direct Fax # _____

Doctor _____ Place of Service _____ Preferred Provider? Y/N

Gap Exclusion? Y/N , If Yes, Reference # _____ Do they accept CDT Codes? Y/N

Plan Benefits: Basic _____ Major _____ Comprehensive _____

Annual Maximum _____ Deductible _____ In/Out of Network _____

Deductible Met _____ Deductible Left _____ Replacement Time Period _____

Do you categorize appliances as DME (Durable Medical Equipment) Y/N

What is the co-insurance for appliances? _____

Appliances? _____ Is there a Global Period? _____ How Long is Global Period? _____

Allowable Benefit Fee Range _____

Are our fees within Benefit Range? Y/N Special Qualifications? _____

Procedure Limitations _____

Percentage of Coverage _____

Dental Administrator's Name _____

Dr Name _____
 Address _____
 City, St, Zip _____
 License# _____
 Provider# _____

Superbill Sample

Patients Name _____ DOS _____
 Address _____ DOB _____
 Insurance _____
 ID# _____ Group# _____
 Attach Copy of Insurance Card

Diagnosis		
1 _____	K08.26	Severe Atrophy Maxilla
2 _____	K08.23	Severe Atrophy Mandible
3 _____	J32.0	Oral Antral Fistula R Maxilla
4 _____	R68.84	Jaw Pain Maxilla RT & LT
5 _____	M27.2	Jaw Inflam, Abcess Jaw Bone
6 _____	R59.9	Lynphadenopathy
7 _____	J34.89	Pneumatization of the Sinus
8 _____	K08.401	Class 1 Partial Edentulism
9 _____		Other

Comments

Procedure / Treatment cont		
1 _____	99204	New Patient 4
2 _____	99205	New Patient 5
3 _____	99214	Established Patient 4
4 _____	99215	Established Patient 5
5 _____	21210	Bone Graft Maxilla
6 _____	20850	Repair Oral Antral
7 _____	70486	Comp Axial Tomography
8 _____	21025	Surgical Debridement
9 _____	21248	Reconstruction Implant
10 _____	21215	Bone Graft Mandible
11 _____	20680	Removal Implant
12 _____	P9020	PRP
13 _____	70355	OPG
14 _____	21085	Surgical stent
15 _____	70486	CT Scan
16 _____	76376	CT Scan Reading
17 _____		Other

July 29, 2005

Sharp Community Medical Group
8695 Spectrum Center Blvd.
San Diego, CA 92123

Pre-Authorization Appeal

Patient:
D.O.B.:
SSN:

51 y/o female presents a seven-month history of bilateral temporomandibular joint pain that has been exacerbated by influenza in March 2005. The condition has not improved. She now has daily pain which is most severe in the mornings when she awakes. She is aware of nocturnal clenching and grinding which she can't control.

Diagnosis: 729.1 Myalgia and Myositis
 728.9 Myofascial Pain Dysfunction (MPD)
 306.8 Bruxism

Indicated treatment: Nocturnal TMJ splint (D9940)

SCMG has previously denied our request (ref. no.3275481) for this necessitated TMJ splint even though the patient was referred to us specifically for TMJ conditions (ref. no.1396225). SCMG indicated that "clinical information indicates....does not include TMJ dysfunction". Severe TMJ muscle pain is clearly a dysfunction, furthermore if left untreated will not only cause further pain to the patient but also would complicate any future remedies.

Attached to this appeal letter are clinical notes, panoramic X-ray, and the patient's TMJ questionnaire which is filled out by the patient (herself). **Our office urges SCMG to reconsider the pre-authorization request for the TMJ splint (D9940).** This is the best course of treatment and denial of this medically justified splint would only prolong our patient's pain. Please authorize.

Respectfully,

Claim Appeal

RE:
DOB:
ID#
Claim ID#
Control #

This is a formal appeal to non-reimbursed charge(s).

To Whom It May Concern:

This claim has been submitted within the timely filing limits and requires immediate payment.

Respectfully,

Medical Care Coordinator

CERTIFICATION OF MEDICAL NECESSITY

New _____ Recertification _____ Date: _____

Patient Name: _____ D.O.B.: _____

Address: _____

Phone Number: _____

Diagnosis: _____ OSA (327.23) _____ Respiratory Abnormality (786.00)

Equipment: _____ E0486 (Lab Processed OSA Appliance)

Medical Necessity: TO AIDE IN THE TREATMENT OF SLEEP APNEA

Period of Need: LIFETIME _____ OTHER: _____

Doctor: _____ PHONE: _____ FAX: _____

NPI: _____

SIGNATURE: _____

Affidavit for Intolerance to CPAP

I have attempted to use the nasal CPAP to manage my sleep related breathing disorder (apnea) and find it intolerable to use on a regular basis for the following reason(s):

- Mask Leaks
- An inability to get the Mask to Fit Properly
- Discomfort Caused by the Straps and Headgear
- Disturbed or Interrupted Sleep Caused by the Presence of the Device
- Noise From the Device Disturbing Sleep or Bed/partner's Sleep
- CPAP Restricted Movements During Sleep
- CPAP Does Not Seem To Be Effective
- Pressure On The Upper Lip Causes Tooth Related Problems
- Latex Allergy
- Claustrophobic Associations
- An Unconscious Need to Remove the CPAP Apparatus at Night
- Other _____

Because of my intolerance/inability to use the CPAP, I wish to have an alternative method of treatment. That form of therapy is oral appliance therapy (OAT).

Signed: _____ Date: _____

TMJ Narrative Report – Evaluation Form

Please check the appropriate box.

Chief Complaints/ HPI

Continual Facial Pain	Jaw Muscle Fatigue	Jaw Locks Open	Pain While Eating
Periodic Facial Pain	Eye Pain	Painless Jaw Click Rt	Facial Numbness
Jaw Pain	Visual Disturbances	Painless Jaw Click Lt	Fractured Teeth
Neckaches	Post Nasal Drainage	Painful Jaw Click Rt	Missing Teeth
Lower Back Aches	Difficulty Swallowing	Painful Jaw Click Lt	Occasional Headaches
Upper Back Aches	Chronic Sore Throat	Ear Pain	Frequent Headaches
Dizziness	Difficulty Sleeping	Fullness in Ears	High Stress Levels
Light Headaches	Jaw Locks Closed	Ringling In Ears	

	Yes	No		Yes	No
Are you aware of clenching your teeth?			Have you had recent dental treatment?		
Have you had problems with other joints?			Have joint noises recently become more obvious?		
Have you had Orthodontic treatment (braces)?			Has pain recently become more severe/ frequent?		

When is the pain worse?

Mornings	Evenings	At Meals	No Specific Time
----------	----------	----------	------------------

How often do you experience the pain?

Constantly	Every Afternoon	Every Morning	
Everyday	Every Week	2-3 Times per Month	

How long have you been bothered by this problem?

Years	Months	Weeks	Days
-------	--------	-------	------

What, if anything, relieves your symptoms?

What, if anything, was related to the onset of your symptoms?

Which aspects of your problem concern you the most?

What do you think is your problem and what should be done to help it?

Treatment to Date

Flat Plane Bite Splint	Accupressure Therapy	Bilateral Arthrocentesis
Ant. Positioning Splint	Stress Reduction Therapy	Left Joint Arthrocentesis
Night Bruxism Splint	Psychological Counseling	Right Joint Arthrocentesis
Major Occlusal Rebuilding	Muscle Relaxant Medications	Bilateral Arthroscopic Surgery
Physical Therapy	Oral Anti-Inflammatory Meds.	Left Joint Arthroscopic Surgery
Chiropractic Manipulation	Inj. Anti-Inflammatory Meds.	Right Joint Arthroscopic Surgery
Ultrasound Therapy	Non- Narcotic Pain Relievers	Bilateral Open Joint Surgery
Ethyl Chloride Spray & Stretch	Narcotic Pain Relievers	Left Open Joint Surgery
Muscle Trigger Point Injections	Sleeping Medication	Right Open Joint Surgery
Moist Heat Packs	Anti- Depressant Medication	Bilateral TMJ Implant Surgery
TENS	Antibiotics	Left TMJ Joint Implant Surgery
Biofeedback Therapy	Stellate Ganglion Blockade	Right TMJ Joint Implant Surgery

Joint Findings On Exam

<u>Lateral to the Joint</u>	Lt	Rt	Blt	<u>Through the EAC</u>	Lt	Rt	Blt
Pain at Rest				Pain at Rest			
Pain with Clenching				Pain with Clenching			
Pain with Chewing				Pain with Chewing			
Pain With Vertical Distraction				Pain with Opening			
Pain with Opening				Pain with Lat. Translation to Left			
Subluxation with Opening				Pain with Lat. Translation to Right			
Pain with Lat. Translation to Left				No Joint Pain			
Pain with Lat. Translation to Right							

Range of Motion Measurements

	Left	Rt	
Opening Deviation			Maximum Interincisal Opening (mm)
Closing Deviation			Muscular Dyskinesia with Opening
Deviation on Protrusive			
Restricted Lateral Range of Motion			

Palpation/ Stethoscopic Exam

<u>Crepitation</u>	Mild	Mod	Severe	Click	Early	Mid	Late
During Opening on Left				During Opening on Left			
During Opening on Right				During Opening on Right			
During Closing on Left				During Closing on Left			
During Closing on Right				During Closing on Right			
No Joint Sounds - Left				No Joint Sounds - Right			

Muscle Testing (Pain to Palpation)

	Right	Left	Bilat		Right	Left	Bilat
Anterior Temporalis				Trapezius			
Middle Temporalis				Lateral Pterygoid			
Posterior Temporalis				Medial Pterygoid			
Superficial Massiter				Levator Scapulae			
Deep Massiter				Posterior Cervicals			
Anterior Digastric				Supra Hyoids			
Posterior Digastric				Supra Orbital Area			
Sternocleidomastoid				Infra Orbital Area			
Scalenus				Zygomatic Arch			

Intra-oral Exam

Crenations on Lateral Border of Tongue		Mandibular Midline Deviated to Left	
Pronounced Linea Alba		Mandibular Midline Deviated to Right	
Wear Facets		Class I Occlusion	
Parafunctional Oral Habits		Class II Occlusion	
Overbite- Slight		Class III Occlusion	
Overbite- Moderate		Anterior Crossbite- Complete	
Overbite- Severe		Anterior Crossbite- Partial	
Maxillary Midline Deviated to Left		Posterior Crossbite- Left	
Maxillary Midline Deviated to Right		Posterior Crossbite- Right	
		Missing Posterior Vertical Support	

Radiographs / Imaging Studies Available (Include Dates)

Panogram Tomos		Cervical Series		MRI- Left	
Full Mouth Series		Sinus Series		MRI- Right	
Panoramic Study		TMJ Tomograms		Arthrography- Left	
Occlusal		Transcranial TMJs		Arthrography- Right	
Lateral Cephalometric		CT Scans of TMJs		Te Bone Scans	
Skull PA		SMV			
Transorbital TMJs		MRI- Bilateral			

Radiographic Findings

<u>Condylar Position</u>	Rt	Lt	Bilat	<u>Disc Anatomy/Position</u>	Rt	Lt	Bilat
Concentric Placement in Fossa				Ant. Displacement with Red.			
Posterior Displacement in Fossa				Ant. Displacement without Red.			
Anterior Displacement in Fossa				Degenerated Disc			
Inferior Displacement in Fossa				Normal Disc and Movements			
<u>Condylar Anatomy</u>				<u>Joint Mobility</u>			
Flattened				Hypomobile			
Osteophyte Formation				Hypermobile			
"Pencil Point"				Physiologic			
Hypoplastic Condylar Head				Subluxation			
Hyperplastic Condylar Head				Dislocation			
Osteoarthritic Changes				Ankylosis			
Lipping				<u>Joint Spaces</u>			
Cystic Degeneration				Symmetrical			
Condylar Agenesis				Excessive			
				Deficient			

Radiographic Diagnosis

	Rt	Lt	Bilat		Rt	Lt	Bilat
Sclerosis				Foreign Object in TMJ			
Osteoporosis				Condylar Fibrosis			
Condylar Fracture				TMJ Adhesions			
Condylar Tumor							

Clinical Diagnosis

	Rt	Lt	Bilat		Rt	Lt	Bilat
Atypical Facial Pain				Fibrous Ankylosis			
Cephalgia				Bony Ankylosis			
Degenerative Arthritis				Hypermobility, Open Lock			
Rheumatoid Arthritis				Acute Closed Lock			
Eagle's Syndrome				Chronic Closed Lock			
Myofascial Pain Dysfunction				Intermittent Closed Lock			
Otalgia				Synovitis			
Trigeminal Neuralgia				Capsulitis			
Muscular Spasm (Myalgia)				Adhesions			
				Failing TMJ Implant			

Recommended Initial Treatment

Flat Plane Occlusal Splint		Intra-articular Anesth. Block- Lt		NSAID's	
Ant. Positioning Splint		Intra-articular Anesth. Block- Rt		Muscle Relaxants	
Refer to Physical Therapist		Trigger Point Injections		Sleep- Mood Medications	
Refer to Chiropractor		Nerve Block		Antibiotics	
Refer to Stress Management		Arthrocentesis- Left		TMJ Tomograms	
Refer to Neurologist		Arthrocentesis- Right		CT Scans	
Refer to Restorative Dentist		TMJ Manipulation w/ Gen Anes.		TMJ MRI's	
Refer to Sleep Center		Intermaxillary Fixation		Screening Panogram	
Refer to Rheumatologist		Stellate Ganglion Block		Te Bones Scans	

Recommended Secondary Treatment

	Rt	Lt	Bilat		
Arthroscopic Surgery				Orthognathic Surgery	
Disc Plication				Orthodontics	
Insert Fossa Prosthesis				Restore Vertical Dimension	
Discectomy				Replace Missing Teeth	
Total Joint Reconstruct				Periodic Orthotic Wear	
Remove Articular Adhesions				Chronic Pain Control	
Gap Arthroplasty				Post Surgical Therapy/Rehab	
Remove TMJ Implant					

Prognosis

Favorable		Guarded		Unfavorable	
-----------	--	---------	--	-------------	--