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TEMPOROMANDIBULAR DISORDER

MEDICAL NECESSITY SCREENING

What are the chief complaints for which you are seeking treatment?

Have any doctor or dentist given any diagnosis or have you gotten any other treatments for these chief complaints?    Yes        No (If yes, please explain in the space below)

Are you experiencing any burning, tingling, or numbness?

Do any of the following conditions apply to you?

- Head Pain
- Facial Pain
- Teeth do not meet properly
- Limited opening of jaw
- Dizziness
- Jaw clicking
- Jaw goes to one side when opening
- Jaw pain
- Pain or difficulty chewing
- Difficulty swallowing
- Ear stuffiness
- Ringing in the ears
- Pain or pressure behind eyes
- Have had whiplash injury
- Neck pain

Patient:

Date: