

# Dr Manish Shah

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Name: \_\_\_\_\_

Mob: \_\_\_\_\_

Tel: \_\_\_\_\_

## Assessment Requested

- |   |  |
|---|--|
| <input type="checkbox"/> Snoring                          | <input type="checkbox"/> TMJ Pain                        |
| <input type="checkbox"/> Sleep Disordered Breathing (OSA) | <input type="checkbox"/> Jaw lock, Limited Mouth Opening |
| <input type="checkbox"/> Mouth Breathing                  | <input type="checkbox"/> Other Craniofacial Pain         |

## Management

### Diagnostics + Reporting Only

- Sleep Study *(By Sleep Specialist)*
- CBCT
- JVA *(Joint Health)*

### Complete Care

- TMD
- MAS
- Snoring + Sleep Apnoea  
*(Together with Sleep Physician + ENT Surgeon)*

### Clinical Notes

### Requesting Doctor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Provider No: \_\_\_\_\_