



Affiliated with Galib Shariff Professional Corporation

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FAX (403) 271-1558
www.calgarypainmanagement.com

TMJ, HEAD, NECK AND FACIAL PAIN

Introducing: _____ DOB _____ Gender _____

Address/Telephone: _____

Provisional Diagnosis: _____

- Assess and Treat by multidisciplinary pain management program as required, including occlusal splint therapy, physical therapy, massage therapy, biofeedback/muscle relation therapy, occupational therapy, psychological counselling and other pain management techniques as needed.
- Other:
- Limited treatment as described below:

If a patient is in need of comprehensive occlusal therapy to complete treatment:
please complete case or refer to appropriate specialist
please contact first
**A diagnostic report will be sent

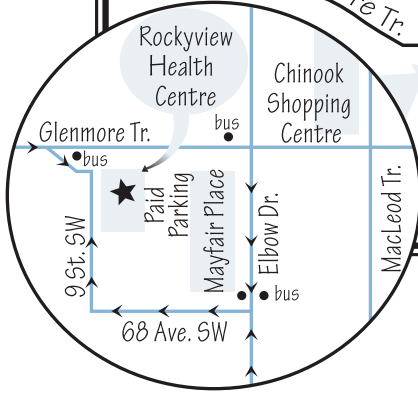
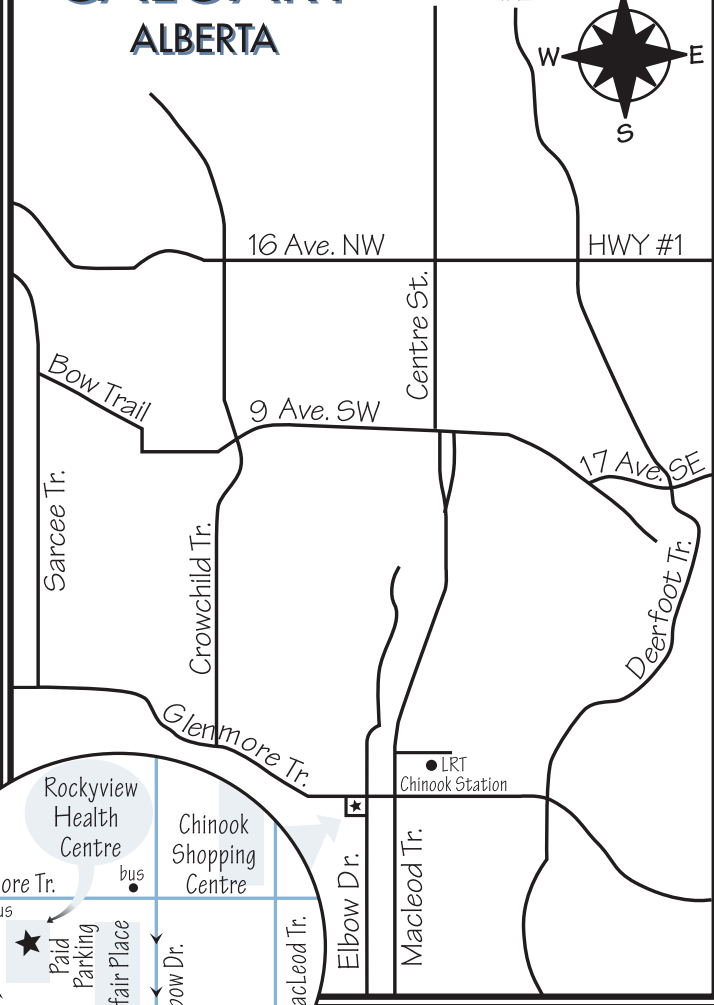
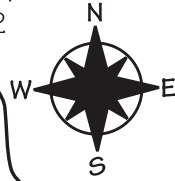
Dr. _____ Date: _____

Phone: _____ Fax: _____

CALGARY

ALBERTA

HWY #2



accessible by buses
#3, 47, 72 and 73