

# Referral Form for Neuromodulator Injections for Bruxism and TMJ Disorder

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We are pleased to offer **neuromodulator injections** (e.g., Botox® or Xeomin®) as a safe and effective adjunct for the management of **bruxism** and **TMJ disorder**. This treatment can complement your dental interventions by reducing muscle hyperactivity in the masseter, relieving symptoms such as pain, jaw tension, and teeth grinding, while also preventing further dental damage.

Please complete the form below to refer your patient for a consultation and evaluation.

**Reason for Referral:**  Bruxism  TMJ Disorder  Other (please specify): \_\_\_\_\_

## Referring Dentist Information:

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

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

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

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Patient Information

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

Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Preferred Contact Method:**  Phone  
 Email

## Additional Details:

Has the patient been informed of this referral?  Yes  No

Are there any contraindications or relevant medical history we should be aware of?  No  Yes (please specify):  
\_\_\_\_\_

## Next Steps:

Once referred, we will contact the patient to schedule a consultation and evaluation. A report summarizing our findings and proposed treatment plan will be sent back to your office upon completion of the assessment.

**Thank you for your referral!**

If you have any questions or wish to discuss the case further, please don't hesitate to contact us.

