



KEVIN D. HUFF, D.D.S.

CENTER FOR ADVANCED GENERAL DENTISTRY

General Dentist & Orofacial Pain Specialist

Diplomate, American Board of Orofacial Pain
Master, Academy of General Dentistry

Introducing _____

Patient Phone Number _____ Today's Date _____

Referred by _____ Appt Date _____

Reason for Referral

Orofacial Pain (please select)

Advanced Dental Care

Dentures

General Dentistry

Other _____

Unclear Cause

TMJ Disorder

Musculoskeletal Pain

Neurovascular Pain (including primary headaches)

Neuropathic Pain (trigeminal, neuralgia, etc)

Sleep Disordered Breathing
Tooth Pain

Radiographs **Please provide original x-rays and copy of any reports*

Date Mailed _____ Sent with Patient

Date e-mailed **Upon written permission from the patient, please e-mail images to info@doctorhuff.net.*

Referring Doctor Preference

Evaluate and Treat

Evaluate and Discuss before Treatment

Manage Complex Dental Needs as Indicated

Refer Back for General Dentistry

Remarks _____

Following Consult

Please schedule a call after evaluation

Forward a report



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