Dr. Julie Robinson-Smith DDS, FAAOM
DIPLOMATE, AMERICAN BOARD OF OROFACIAL PAIN

# OROFACIAL PAIN ASSOCIATES

*of Colorado Springs*

2575 Montebello Dr W, Ste 202
Colorado Springs, CO 80918
Phone: (719) 260-0600
Fax: (719) 264-9235

Introducing: ______________________________

Date of Birth: ______________ Phone: ______________

Reason for Referral: ______________________________

______________________________

Referred by: ______________ NPI# ______________

Phone: ______________ Fax: ______________

Email: ______________________________

**Consultation Type:**

- ☐ Temporomandibular Joint Disorder
- ☐ Neuropathic Pain
- ☐ Orofacial Pain
- ☐ Oral Medicine
- ☐ Other

**After Consultation/Evaluation Please:**

- ☐ Consult with me before proceeding with treatment.
- ☐ Proceed with treatment indicated

**Enclosed:**

- ☐ Clinical Photographs
- ☐ Radiography
- ☐ CBCT
- ☐ MRI
- ☐ Brief Complaint/History
- ☐ Other