

# Dr. Norman M.R. Thie

- TMJ and Orofacial Pain
- Jaw Muscle/Joint Injections
- Obstructive Sleep Apnea/Snoring
- Accident and Injury Claims



# TMJ Dr. Norman M.R. Thie

BSc, MSc, DDS, MSc (Oral Health Sciences)  
 Diplomate ABOP  
 Fellow AAOM, Fellow AAOP  
 Certificate - Dental Medicine & Stomatology

## Practice of Oral Medicine

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 T 780. 485. 5574 F 780. 461. 3895  
 info@drnormanthie.com

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

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Would like to refer the following patient for an consultation.

PLEASE PRINT

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F  
mm / dd / yy (circle one)

Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City Postal Code

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

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

Patient status:  Urgent  Non Urgent Please examine this patient regarding:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any restorative work to be completed? Yes / No

Insurance Benefits:  
 Subscriber 1: \_\_\_\_\_ Subscriber 2: \_\_\_\_\_

Subscriber 1 DOB: mm / dd / yy Subscriber 2 DOB: mm / dd / yy

Insurance Co.: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_ Cert #: \_\_\_\_\_ Group #: \_\_\_\_\_ Cert #: \_\_\_\_\_

More referral forms needed

Parking is free for your convenience

