



OCCLUSAL REHABILITATION CENTRE

BITE, TMJ, HEAD AND NECK PROBLEM MANAGEMENT

Dr. Abbas Tejani & Dr. John Nasedkin

WELCOME TO THE OCCLUSAL REHABILITATION CENTRE!

Thank You for choosing us to partner with you in your recovery to optimal physical health. Before we start, we need your permission to examine you.

You have been referred to our office for an examination for bite (occlusion) and jaw problems or for the differential diagnosis of facial pain or for complex treatment planning. This examination will involve the evaluation of your entire chewing apparatus. We will assess not only the contacting relationships of the teeth, but the supporting structures (gums and bones), the jaw joints and the muscles which move the jaws as well as those muscles which support the head. Upon diagnosis a list of recommendations will be drawn up and a copy of our consultant report will be sent to you and to your referring health practitioner.

It would be helpful for you to **pick up and bring with you or have sent to us** any dental diagnostic material which will assist in the evaluation of your problem such as: **specialist's report, full mouth x-ray survey, temporomandibular joint X-rays, or diagnostic models of your teeth.** If you have ever had a daytime or nighttime appliance or splint (including a nightguard) made for you, please bring that with you as well.

We would like you to assist us to gain a perspective on your problems in order to serve you better. **Please write out a NARRATIVE REPORT** listing the first symptoms which you experienced and the date (approximate) and doctors or health therapists consulted. A description of treatment provided and the duration as well as effectiveness of the treatment should be noted. Please list any changes in symptoms and subsequent medical or dental consultations and treatment up to the current time. **If you have been in a car accident, please contact us to request a Motor Vehicle Accident Summary form.**

Our fee for this consultant service, based on the care, skill and time involved within this complex area will be approximately \$350 – \$500 depending on seriousness. **Medico-legal reports require a separate fee arrangement beforehand and written confirmation from the responsible billing party (if other than patient).** This service is not covered under the BC Medical Plan and may or may not be covered wholly or partially by a dental plan. Inquiries as to your particular eligibility under a dental plan should be directed to your insurance carrier with code 01301 (*examination and diagnosis, stomatognathic, dysfunctional*). Payment is due in full at your appointment and 48 hours notice is required for any appointment changes.

Please complete the questionnaire (also an attachment) with more specific details and send both the narrative and the questionnaire back to us by email or fax prior to your appointment. If you are unable to do so, please notify our office that you will bring the completed documents with you.

Dr. Abbas Tejani, BDS (Bristol) Fellow of The American Academy of Craniofacial Pain.(A.A.C.P.), Diplomate, America Board of Craniofacial Sleep Medicine. (DABCDSM)

Dr. John Nasedkin, DDS, FRCD(C)

And the care team at the **Occlusal Rehab Centre**