



MINNESOTA
**HEAD & NECK
PAIN CLINIC**

www.mhnpc.com

Please send more referral pads

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2550 University Avenue West, St. 189S
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St. Cloud Outreach Location

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Today's Date: _____

REFERRAL ORDERS

Patient Name _____ Phone _____

M.D. D.D.S. _____ NPI# _____

Clinic Address _____ City _____ State _____ Zip _____

- Jaw/Face Pain Headache Neck/Back Pain Neuralgia/Neuropathic Pain
- Joint Noises/Locking Oral Medicine Consultation Dental Sleep Medicine Other _____

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