

Diagnosis and Treatment Plan

Patient Information

Patient Name: _____ Date: _____

Treating Doctor Name: _____

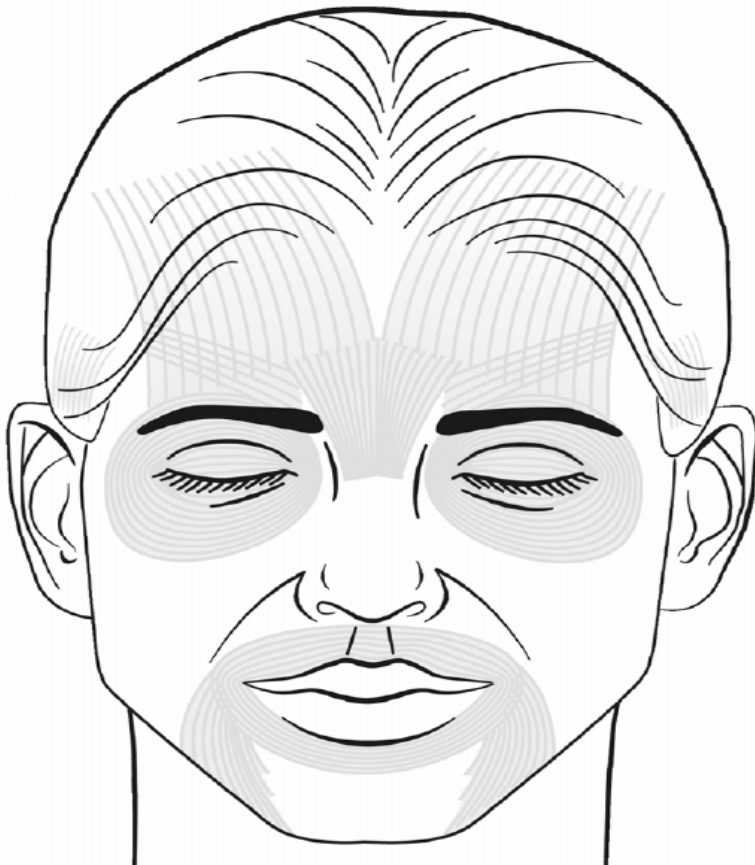
Health History Completed? Yes No Date: _____ Doctor Initial: _____

Dental / Head and Neck Examination Completed? Yes No Date: _____ Doctor Initial: _____

Informed Consent Completed? Yes No

Diagnosis ICD-10 Codes (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> K03.0 Excessive attrition
<input type="checkbox"/> K03.81 Cracked tooth
<input type="checkbox"/> K06.0 Gingival recession
<input type="checkbox"/> M26.00 Anomalies of jaw size
<input type="checkbox"/> M26.11 Maxillary asymmetry
<input type="checkbox"/> M26.12 Jaw asymmetry
<input type="checkbox"/> M26.52 Orofacial dyskinesia
<input type="checkbox"/> M26.53 Limited range of motion
<input type="checkbox"/> M26.53 Deviation opening closing
<input type="checkbox"/> M26.50 Dentofacial abnormal fx
<input type="checkbox"/> K08.109 Loss of teeth | <input type="checkbox"/> M26.60 TMJ disorders
<input type="checkbox"/> M26.63 TMJ disc disorder (reducing/non-reducing)
<input type="checkbox"/> M26.69 TMJ sounds opening/closing jaw
<input type="checkbox"/> M26.9 Dentofacial anomalies
<input type="checkbox"/> K13.0 Diseases of lips
<input type="checkbox"/> K13.70 Cheek/Lip biting
<input type="checkbox"/> K08.419 Loss of teeth trauma
<input type="checkbox"/> G47.63 Sleep related bruxism
<input type="checkbox"/> M62.40 Muscle spasm
<input type="checkbox"/> G50.1 Atypical facial pain
<input type="checkbox"/> R25.0 Trismus | <input type="checkbox"/> M79.1 Myalgia
<input type="checkbox"/> M60.9 Myofascial pain
<input type="checkbox"/> M79.2 Neuralgia, neuritis, facial
<input type="checkbox"/> S03.4XXA Jaw sprain
<input type="checkbox"/> G44.209 Tension headache
<input type="checkbox"/> G43.109 Migraine with aura
<input type="checkbox"/> G43.009 Migraine without aura
<input type="checkbox"/> G43.811 Cluster headache
<input type="checkbox"/> R51 Headache
<input type="checkbox"/> F45.8 Bruxism
<input type="checkbox"/> G50.0 Trigeminal neuralgia
<input type="checkbox"/> _____ Other |
|--|--|---|



Muscle	Dosage (in units)	Syringe Volume
Frontalis		
Glabella		
(L) Orbicularis oculi		
(R) Orbicularis oculi		
Orbicularis Oris		
(L) Temporalis		
(R) Temporalis		
(L) Masseter		
(R) Masseter		

Total units needed: _____