

University of Minnesota  
***TMD, Orofacial Pain and Dental Sleep Medicine Clinic***

**Dentists**

*Gary Anderson, DDS, MS*  
*Cory Herman, DDS, MS*  
*Mike John, DDS, MS*  
*Shanti Kaimal, DDS, BDS*  
*Donald Nixdorf, DDS, MS*  
*Eric Schiffman, DDS, MS*

Patient name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Referring Dr. (first & last name): \_\_\_\_\_

Office Mailing Address/Telephone/E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Primary Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please forward any relevant patient records and x-rays. Thank you.

6-320 Moos Health Science Tower  
515 Delaware Street SE  
Minneapolis, MN 55455

Telephone: 612-626-0140  
FAX: 612-626-0138

E-mail: [kieck001@umn.edu](mailto:kieck001@umn.edu)  
Weblink: [www.tmdclinic.umn.edu](http://www.tmdclinic.umn.edu)

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