



**Mary Charles Haigler, DMD, MS**  
**Orofacial Pain, Oral Medicine and Obstructive Sleep Apnea**

Introducing Dr. Mary Haigler to:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Please evaluate the following:

- Orofacial Pain \_\_\_\_\_
- TMJ Disorder \_\_\_\_\_
- Oral Pathology \_\_\_\_\_
- Obstructive Sleep Apnea \_\_\_\_\_

Further Remarks:

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Significant Medical History: Yes (information attached)      No

Records/Xrays (are) (are not) being forwarded:

- Please call me regarding this patient.

Referred by Dr. \_\_\_\_\_

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