



The Orofacial Pain Center

Joan C. Wang, DDS

Diplomate, American Board of Orofacial Pain

Pt Name: _____

Reason(s) For Referral: _____

Referring Dr Name: _____

Referring Dr Phone: _____

2551 N Clark St Suite 404
Chicago, IL 60614

773.873.OFPC (6372)
www.ofpcenter.com

