



# The Orofacial Pain Center

Joan C. Wang, DDS, MS

*Diplomate, American Board of Orofacial Pain  
Fellow, American Academy 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](http://www.ofpcenter.com)

