REFERRAL PACKET

When chronic symptoms don't respond to standard care, the jaw is often the missing variable.

A clinical orientation for referring physicians, dentists, and allied practitioners.

01 · ABOUT THE PRACTICE

Dr. Jennings runs a tertiary referral practice.

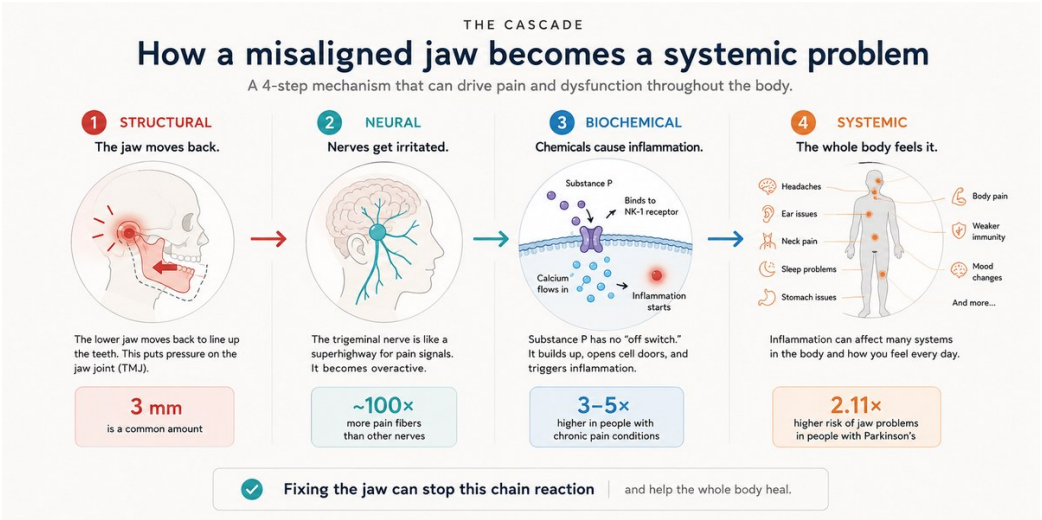
Based in the San Francisco Bay Area, focused on jaw orthopedics and the cranio-facial / systemic-symptom interface. Patients arrive with chronic headaches, fibromyalgia, sleep apnea, TMJ dysfunction, and undiagnosed pain syndromes that have not improved under mainstream care. A meaningful percentage of his patients fly in from outside California.

"Curiously, I have never heard a single physician mention the idea of looking at the bite on patients having broad medical complaints." — Dr. Jennings

02 · THE FRAMEWORK

How a misaligned jaw becomes a systemic problem.

Four steps. The first three are established neuroscience. The fourth maps to forty years of Dr. Jennings' clinical observation. The treatment — a precision-fitted removable appliance, almost never surgery — quiets the trigeminal input, downregulates substance P, and in responders the downstream symptoms reduce or resolve.



03 · WHO TO REFER

Conditions where a referral is most likely to help.

Dr. Jennings is not a general dentist — he is a tertiary specialist for patients who have plateaued under conventional care. Conditions where his clinical experience suggests the bite is worth examining:

TMJ pain & dysfunction

Jaw pain, clicking, locking, ear pressure, facial pain; post-surgical TMJ complications. The original specialty of the practice.

Chronic headaches & migraines

Daily or near-daily headaches; classical migraine; tension-type or cluster patterns unresponsive to standard pharmacological care. Bite alignment ~85% effective in published literature.

Sleep apnea (CPAP-intolerant)

When CPAP has failed or been declined; when snoring, retrognathia, and chronic fatigue co-occur; or alongside the broader chronic-illness pattern.

Movement disorders

Parkinson's, Tourette's, dystonia, torticollis, gait disorders. Not all cases respond — but a subset have a strong cranio-mandibular component.

Surgical alternative

Patients recommended for TMJ joint replacement, condylectomy, or jaw-advancement surgery deserve a non-surgical second opinion. Many can be treated non-surgically.

Complex & undiagnosed

Fibromyalgia, IBS, autoimmune patterns, chronic fatigue, ADD/ADHD, mood and anxiety symptoms that don't fit a single specialty's workup.

04 · HOW TO REFER

Sending a patient. No formal referral form.

What to send. Panoramic dental imaging; recent MRI or CT of head/neck; sleep study; current medication list; a brief narrative of what has been tried.

Good fit. Patients who have plateaued under conventional care with TMJ pain, chronic headache, a bite that has shifted, sleep apnea with retrognathia or CPAP intolerance, or movement disorders where a trigeminal-mandibular contribution hasn't been ruled out.

Not a good fit. Cosmetic dentistry, routine restorative, adolescent orthodontics without complicating symptoms, or acute dental emergencies. Dr. Jennings does not provide general dentistry.

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This packet is informational. Nothing here constitutes diagnosis or treatment advice. Any clinical decision remains with the patient and their care team.