



## Sleep Apnea and TMJ Referral

32 South street, Suite 100  
Waltham MA 02453

ph: 781 894 0500  
f: 781 209 0234

|                   |  |
|-------------------|--|
| Date:             |  |
| Referring Office: |  |
| Contact name:     |  |
| Phone:            |  |
| Fax:              |  |
| Signature         |  |

|                   |  |
|-------------------|--|
| Patient Name      |  |
| Date of Birth     |  |
| Phone Number      |  |
| E-mail            |  |
| Medical Insurance |  |

### The patient is being referred for:

- Possible Sleep Apnea    Diagnosed Sleep Apnea and Oral Appliance E0486    TMJ pain

### Findings:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Does not tolerate CPAP      | <input type="checkbox"/> Jaw Pain   |
| <input type="checkbox"/> Drug Resistant Hypertension | <input type="checkbox"/> Headaches  |
| <input type="checkbox"/> Snoring                     | <input type="checkbox"/> Locked Jaw |
| <input type="checkbox"/> Mouth breathing             | <input type="checkbox"/> Tooth wear |

Other Comments:

---

### Panoramic Radiograph or FMX (check all that apply):

- Emailed to records@myflossery.com    Sent with Patient    Not Available

### Sleep Study

- Emailed to records@myflossery.com    Sent with Patient    Faxed to 781 209 0234