

**SOUTH
SOUND
ORAL
MEDICINE**

Craniofacial
Pain

TMJ Pain
/TMD

Atypical Facial
Pain

Oral Mucosal
Diseases

Taste & Smell
Dysfunction

Salivary
Abnormalities

Appliance
Therapy for
Sleep Apnea/
Snoring

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Please Bring With You:

- 1- This referral form
- 2- Oral appliance or nightguard if you have one
- 3- Information relating to medical and dental insurance

Date: __/__/__

Patient's Name: _____

Patient's Phone Number: _____

Referring Provider: _____

Referring Provider phone #: _____

Presenting complaint:

Pertinent Medical Information:
