

SMITH DENTAL LLC

Snoring • Sleep Apnea • TMD

Date: _____

Referred by Dr. _____ Phone: _____

Address: _____

Client Name: _____ DOB _____

Address: _____

Phone: _____ Phone: _____

Referral for:

Obstructive Sleep Apnea: _____

Sleep Study Available: _____

Snoring: _____

Sleep Study Available: _____

Temporomandibular Disorder: _____

X-rays Available: Pano: ___ Date: ___ FMX: ___ Date: ___ BW: ___ Date: ___ Other: ___

Office Location: 1785 State Route 89A, Suite 3G
South side of Hwy 89A, West of Northview, West of Bank of America
Stairway or Elevator to 3rd Floor