



**tmj-sleep colorado**  
 therapies for facial pain and sleep disorders

Diplomate  
 American Board of Craniofacial Pain – Craniofacial  
 Dental Sleep Medicine

Diplomate  
 American Board of Craniofacial Pain

Diplomate  
 American Sleep and Breathing Association

\_\_\_\_\_ Patient Name

\_\_\_\_\_ DOB

\_\_\_\_\_ Prime Phone

\_\_\_\_\_ Secondary Phone

Email Address

**Referral For:**

- Sleep Appliance ( Newly or Never been Diagnosed, or CPAP Intolerant) E0486
- Snoring Appliance
- Other: \_\_\_\_\_

**Diagnosis: (If Known)**

- Obstructive Sleep Apnea- ICD G47.33
- Hypersomnia due to Sleep Apnea- G47.10
- Snoring- R06.83
- Other: \_\_\_\_\_

**Please Attach: (Please fax form and docs to our office, copy to patient)**

- Demographics
- Insurance Cards (Primary & Secondary, Front and Back)
- Polysomnography Report (If not attached where was it done: \_\_\_\_\_)
- RX for oral appliance (MD only)

**Additional Notes:**

\_\_\_\_\_ Referring DDS or MD

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ NPI #

\_\_\_\_\_ Office Ph#

\_\_\_\_\_ Fax #