



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 (E0486, K1027)
- Snoring Appliance
- TMD or Craniofacial Pain Issues

Diagnosis: (If Known)

- Obstructive Sleep Apnea- ICD G47.33
- Hypersomnia due to Sleep Apnea- G47.10
- Snoring- R06.83
- TMJ or Pain issues _____ Diagnosis if known

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

- Demographics
- Insurance Cards (Primary & Secondary, Front and Back)
- If Sleep Apnea, Polysomnography Report or where it was done _____

Additional Notes:

Referring DDS or MD _____ Signature _____ Date _____

NPI # _____ Office Ph# _____ Fax # _____