

## INSTRUCTIONS

### Patient Referral Form

The following form has been designed to simplify and expedite the referral of patients to the Center for TMJ Therapy. For your convenience this multi-functional form can be filled out and submitted electronically, or printed and sent to us by mail or fax.

To submit electronically fill out the form and click the grey Submit button found at the bottom of the page. Note that all items marked in Red are required and you will be unable to submit this form electronically until all required sections are completed.

Also, be sure to print a copy of the completed form for your records before clicking the Submit button at the end of the form. You will not have an opportunity to print the completed form after it has been submitted.

We recommend you:

- (1) Mail or Submit a copy to us
- (2) Give a printed copy to the patient
- (3) Keep a printed copy for your files

*Thank you for your submission and feel free to contact us by phone or email if you have any questions or comments.*

Maggan & Patel  
Center for TMJ Therapy  
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Office Hours  
Mon - Wed: 7AM to 5PM  
Thur: 7AM to 4PM  
Fri-Sun: CLOSED

## SCREENING FORM

### Sleep Apnea & Snoring Patients

- |   |
|---|
| <input type="checkbox"/> Evaluate for Sleep Apnea |
| <input type="checkbox"/> Evaluate for Snoring     |
| <input type="checkbox"/> Other                    |

When your patients experience one or more symptoms related to sleep apnea or snoring, they should have a thorough evaluation by a trained physician. We will be happy to assist you in the identification and treatment of possible sleep disorders.

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#### Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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#### Referred By

Physician's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### Instructions

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Need a Second Opinion | <input type="checkbox"/> Examine |
| <input type="checkbox"/> Send a Report         | <input type="checkbox"/> Call    |

Comments:



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