



Tennessee Sleep Apnea & TMJ Solutions

Dr. Bryan McLaughlin, DMD, MPH, FACP, Diplomate, ABDSM



PATIENT REFERRAL FORM

Date: _____

Referring Provider: _____

Office Address: _____

Office Phone: _____ Fax: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____

Patient Email: _____

Patient Medical Insurance: _____

**WE ARE IN
MEDICAL NETWORK WITH:**

BCBS PPO, Aetna, Cigna, Medicare
UMR, UHC, Humana TRICARE
Approved VA Provider

Patient DOB: _____

Possible Symptoms:

- Snoring / Gasping _____
- Jaw Pain / Locking _____
- Excessive Sleepiness _____
- Teeth Clenching _____
- Low O2 Reading _____

This patient is being referred to SATMJ for evaluation:

Sleep Apnea / Snoring

TMJ Disorder / Jaw Pain

Comments: _____

Signature of referring provider: _____

Thank you for your referral,

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