

**10215 Fernwood Road, Suite 601**

**Bethesda, MD 20817**

**Phone (301) 493-9500 / Fax (301) 897-5571**

**REFERRAL FORM**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Referring Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prosthodontics Maxillofacial Prosthodontics Endodontics Periodontics Oral Surgery**

** TMD & Orofacial Pain  Obstructive Sleep Apnea Appliance**

** Michael T. Singer, DDS, FAAMP, FACP, FAAOP**  **John V. Louis**

Board Certified Prosthodontist & Maxillofacial Prosthodontist Certified Periodontist

Board Certified in Orofacial Pain  **Kathleen Frankle** Board Certified Endodontist

** Sarit Kaplan, DMD, MS, FACP  Alan H. Singer**

Board Certified Prosthodontist Board Certified Oral & Maxillofacial Surgeon

 **Lauren Bolding, DDS, MS, FACP**

Board Certified Prosthodontist & Maxillofacial Prosthodontist

** Carl F. Driscoll, DMD, FACP**

Board Certified Prosthodontist & Maxillofacial Prosthodontist

 TMJ evaluation  Complete dentures

 TMJ appliance  Dental implants

 TMJ caused by Lyme disease  Implant reconstruction

 Clenching / bruxism / teeth grinding  Removable partial dentures

 Ear Pain / Tinnitus / Vertigo  Crown(s) tooth # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Facial pain – unexplained pain  Crown & bridge prosthodontics

 Trigeminal neuralgia  Cosmetic restorations

Trauma – facial & head pain  All-on-4 (Teeth-in-a-Day)



Headaches / migraine headaches  Overdentures



Hygiene – specialized for TMJ  Pre or post Cancer treatment



Bone grafting  Pre-surgical clearance



Tooth extraction  Ectodermal Dysplasias (oral cavity)



Oral pathology & biopsy  Craniofacial prosthetics secured w/ implants



Possible root canal  Invisalign



 Wisdom teeth extraction  CBCT scanning

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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