

 **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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