



6720-B Rockledge Drive, Suite 125
Bethesda, MD 20817
Phone (301) 493-9500

REFERRAL FORM

Date _____

Name of Patient _____ Phone _____

Name of Referring Doctor _____ Phone _____

- ☐ Prosthodontics ☐ Maxillofacial Prosthodontics ☐ Periodontics ☐ TMD & Orofacial Pain
☐ Obstructive Sleep Apnea Appliance

☐ **Michael T. Singer, DDS, FAAMP, FACP, FAAOP**
Board Certified Prosthodontist & Maxillofacial Prosthodontist
Board Certified in Orofacial Pain

☐ **Frank Triana, DDS, MS, FACP**
Board Certified Prosthodontist

☐ **Sarit Kaplan, DMD, MS, FACP**
Board Certified Prosthodontist

☐ **Matthew Gramkee, DDS, MS**
Board Certified Periodontist

☐ **Lauren Bolding, DDS, MS, FACP**
Board Certified Prosthodontist & Maxillofacial Prosthodontist

☐ **Nicole Newberry, DMD, MS, FACP**
Board Certified Prosthodontist

☐ **Carl F. Driscoll, DMD, FACP**
Board Certified Prosthodontist & Maxillofacial Prosthodontist

- ☐ TMJ evaluation
- ☐ TMJ appliance
- ☐ TMJ caused by Lyme disease
- ☐ Clenching / bruxism / teeth grinding
- ☐ Ear Pain / Tinnitus / Vertigo
- ☐ Facial pain – unexplained pain
- ☐ Trigeminal neuralgia
- ☐ Trauma – facial & head pain
- ☐ Headaches / migraine headaches
- ☐ Hygiene – specialized for TMJ
- ☐ Bone grafting
- ☐ Tooth extraction
- ☐ Oral pathology & biopsy
- ☐ Invisalign

- ☐ Complete dentures
- ☐ Dental implants
- ☐ Implant reconstruction
- ☐ Removable partial dentures
- ☐ Crown(s) tooth # _____
- ☐ Crown & bridge prosthodontics
- ☐ Cosmetic restorations
- ☐ All-on-4 (Teeth-in-a-Day)
- ☐ Overdentures
- ☐ Pre or post Cancer treatment
- ☐ Pre-surgical clearance
- ☐ Ectodermal Dysplasias (oral cavity)
- ☐ Craniofacial prosthetics secured w/ implants
- ☐ CBCT scanning

☐ Other: _____

