Wake Dental Sleep Dental Solutions
Jennifer Q. Le, DMD, D-ABDSM, CPCC, ACC

American Academy of Dental Sleep Medicine
Dental Sleep Medicine Accredited Facility

## Jennifer Le, DMD, D-ABDSM, CPCC, ACC

2815-115 Wakefield Pines Dr.
Raleigh, NC 27614
Tel: (919) 488-0111
Fax: (919) 488-0104

# PATIENT REFERRAL

DATE: ____/____/_____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/_____ SSN _____

PHONE: _____ (H) _____ (W) _____ (CELL)

PRIMARY INS: _____ ID No: _____

SECONDARY INS: _____ ID No: _____

REASON FOR REFERRAL--
Please include working diagnosis, pertinent physical and psychiatric findings:

_____

_____

_____

**HISTORY OF SLEEP STUDY**

WHERE: _____ DATE: ____/____/_____

DIAGNOSIS: _____

_____

Is patient currently on CPAP? YES_____ NO_____

Is patient currently on oxygen? YES_____ NO_____

Has patient had ENT evaluation? YES_____ NO_____

Current Medications: _____

_____

Referring Physician: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

**** PLEASE INCLUDE SLEEP STUDY, LETTER OF MEDICAL NECESSITY AND A PRESCRIPTION FOR FABRICATION OF A MANDIBULAR REPOSITIONING ORTHOTIC.**