

PATIENT REFERRAL



GOOD NIGHT
DENTISTRY
FOR A BETTER TOMORROW

Introducing: _____

Appointment
Time & Date: _____

www.GoodNightDentistry.com 704-964-6404 rcoxdds@GoodNightDentistry.com
367 Williamson Road, STE. 102, Mooresville, NC 28117

Please Bring This Form to Your Appointment

Date: _____ Referring Doctor: _____ Doctor's Phone: _____

This patient is being referred for evaluation/screening of a sleep breathing disorder and presents with the following symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Loud, disruptive snoring | <input type="checkbox"/> Nocturnal pauses in breathing |
| <input type="checkbox"/> Excessive daytime sleepiness or fatigue | <input type="checkbox"/> Awaken gasping or choking frequently during sleep |
| <input type="checkbox"/> Morning dry mouth | <input type="checkbox"/> Current use of a CPAP machine |
| <input type="checkbox"/> Morning grogginess and/or frequent headache | <input type="checkbox"/> Previous diagnosis of Obstructive Sleep Apnea |
| <input type="checkbox"/> Memory/concentration difficulties | When diagnosed _____ |
| <input type="checkbox"/> High Blood Pressure | Where diagnosed _____ |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Overnight Lab Test |
| <input type="checkbox"/> Nocturnal bruxism | <input type="checkbox"/> Home Sleep Test |

Doctor's Comments: _____

Patient's Phone: _____ DOB: _____

Last dental exam: _____

X-rays:

- Sent with patient
- Mailed to office/in-office
- Emailed to Good Night Dentistry
- Not current/not available

Dental Treatment Planned or pending:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not yet have an appointment, please call our office (704-964-6404), and see our website (www.GoodNightDentistry.com) for online patient registration forms.

If you need to change your appointment, please call our office. We require 24 hour notice prior to the appointment.



Dr. Ronald Cox, DDS
Dr. Mark Mautner, DMD

367 Williamson Rd. Ste.102
Mooresville, NC 28117
Phone: 704-964-6404 Fax: 980-435-0144
www.goodnightdentistry.com
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