GOOD NIGHT DENTISTRY
FOR A BETTER TOMORROW

Dr. Ronald Cox, DDS, Diplomate,
American Board of Dental Sleep Medicine

Patient Referral

Introducing: _____

Appointment Time & Date: _____

Please bring this form to your appointment.

Date: _____

Referring Doctor and Doctor's Phone: _____

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

_ Loud, disruptive snoring
_ Excessive daytime sleepiness or fatigue
_ Morning dry mouth
_ Morning grogginess and/or frequent headaches
_ Memory/concentration difficulties
_ High Blood Pressure
_ Heart Disease
_ Nocturnal bruxism
_ Nocturnal pauses in breathing
_ Awaken gasping or choking frequently in sleep
_ Current use of a CPAP machine
_ Previous diagnosis of Obstructive Sleep Apnea

When Diagnosed: _____
Where Diagnosed: _____
Overnight Lab Test _ Yes _ No
Home Sleep Test _Yes _ No

Patient 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:
_____
_____
_____

Please Circle Patient's Preferred Location

GOOD NIGHT DENTISTRY
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Accepting BCBS

452 Williamson Road
Suite A
Mooresville, NC 28117
(Located Inside Paquette Orthodontics)
Phone: (704) 964-6404
Fax: (980) 435-0144
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rcoxdds@goodnightdentistry.com

KOTIS FAMILY DENTISTRY

Accepting Medicare

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Statesville, NC 28677
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