

Provider Referral Form

Date: _____ Referring Healthcare Provider: _____

Introducing (Patient Name): _____ for evaluation and treatment of orofacial myofunctional disorders, swallowing habits, sucking habits, or other.

Male Female DOB _____ Age _____ Parent(s) if minor: _____

Phone _____ Email _____

Primary Reason for Referral:

- | | | | |
|--|--------|---|--------|
| <input type="checkbox"/> Tongue-Tie/Ankyloglossia/TOTS | Q38.1 | <input type="checkbox"/> Ortho Relapse | M26.11 |
| <input type="checkbox"/> Tongue Thrust | R13.11 | <input type="checkbox"/> Atypical Swallow | R13.11 |
| <input type="checkbox"/> Orofacial Muscle Pain | M26.29 | <input type="checkbox"/> Dentofacial Functional Abnormalities | M26.50 |
| <input type="checkbox"/> Speech Disturbances | R47.9 | <input type="checkbox"/> Other Breathing Issues/Snoring | R06.89 |
| <input type="checkbox"/> Mouth Breathing | R06.5 | <input type="checkbox"/> Other, Please Describe: | _____ |
| <input type="checkbox"/> Low Tongue Rest Posture | M26.59 | | |
| <input type="checkbox"/> Oral Habits/Digit Sucking | M26.59 | | |

- Has the patient had an airway screening? Yes No Unknown
- Has the patient had a Cranial 3D image? Yes No Unknown
- Has the patient had a sleep study? Yes No Unknown

Doctor/Provider, what objectives do you hope to accomplish with myofunctional therapy?

What is your timeline for treatment?

- I am waiting for you to finish therapy. I am willing to phase treatment in order to accommodate therapy.
- I am placing an orthodontic appliance and need to coordinate therapy. Not applicable

Signature of Provider _____

E-Mail: _____ Phone: _____

Fax Number: _____

Follow-Up: Call me to discuss findings and treatment recommendations.

Send me your evaluation via: Fax Email

Note to Provider: The airway must be clear for successful orofacial myofunctional therapy (OMT). If tonsils/adenoids, turbinates, septal deviation, or any other structural processes inhibits breathing, OMT will be limited in success. OMT is dependent on the ability of the patient to breathe with the mouth closed through the nose. OMT does address breathing re-education if the patient can nasal breathe most of the time and the airway is clear.