



aviara

orthodontics
facial development
sleep & tmj therapy

www.aviaracenters.com

REFERRAL FORM

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888.887.7076

info@aviaracenters.com

- Huntington Beach:** 7801 Center Ave. #101 · Huntington Beach, CA 92647
- Beverly Hills:** 450 N Bedford Dr #200 · Beverly Hills, CA 90210
- San Clemente:** 905 Calle Amanecer #265 · San Clemente, CA 92673

PATIENT INFORMATION:

Name: _____

Birthdate: _____ Male Female

Phone: _____ Cell Home Work

Email: _____

Special Needs: _____

REFERRING PROFESSIONAL:

Name: _____

Practice Name: _____

Phone: _____

Email: _____

Signature: _____ **Date:** _____

REQUESTED SERVICE (check all that apply):

- Evaluation for Orthodontic Therapy
- Evaluation for Facial Development Therapy
- Evaluation for Snoring / Sleep Apnea Therapy
- Evaluation for TMJ Disorder Therapy
- HRPO (High Resolution Pulse Oximetry)

SIGNS & SYMPTOMS (optional):

- | | |
|---|--|
| <input type="checkbox"/> Crooked Teeth | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Severly Worn Teeth | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Cross Bite | <input type="checkbox"/> Nocturnal Gasping / Choking |
| <input type="checkbox"/> Open Bite | <input type="checkbox"/> Nocturnal Pauses in Breathing |
| <input type="checkbox"/> Deep Bite | <input type="checkbox"/> Nocturnal Leg Jerks |
| <input type="checkbox"/> Retruded Jaw | <input type="checkbox"/> Night Terror |
| <input type="checkbox"/> Scalloped Tongue | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Tethered Tissues
(lip, cheek or tongue tie) | <input type="checkbox"/> Latent Bed Wetting |
| <input type="checkbox"/> Headaches / Migraines | <input type="checkbox"/> Daytime Drowsiness |
| <input type="checkbox"/> TMJ / Jaw / Facial Pain | <input type="checkbox"/> Fatigue / Lack of Energy |
| <input type="checkbox"/> TMJ Clicking / Noise | <input type="checkbox"/> Impaired Cognition / Dementia |
| <input type="checkbox"/> Neck / Shoulder / Back Pain | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Arm or Hand Tingling /
Numbness | <input type="checkbox"/> Difficulty Focusing |
| <input type="checkbox"/> Grinding / Clenching | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Mouth Breathing | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Nasal Obstruction | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Frequent Ear Infection or Pain | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ringing in the Ear (Tinitis) | <input type="checkbox"/> Overweight / Obesity |
| | <input type="checkbox"/> GERD / Reflux |

ADDITIONAL CONCERNS / NOTES:

INSTRUCTIONS FOR REFERRING PROFESSIONALS:

1. Send referral form to:
Email: **info@aviaracenter.com** or Fax: **714-230-2435**
2. Give to the patient & keep copy for your records