



**AVIARA**®  
B R E A T H E · L I V E · S M I L E

## **REFERRAL FORM**

**7 1 4 . 2 3 0 . 2 4 2 4      w w w . a v i a r a c e n t e r s . c o m**

Aviara Center of Los Alamitos  
11121 Los Alamitos Blvd. Ste. 201

Aviara Center of San Clemente  
905 Calle Amanecer Ste. 265

Aviara Center of Beverly Hills  
450 N. Bedford Dr. Ste. 200

# AVIARA REFERRAL FORM

## REFERRING PROFESSIONAL:

Provider Name

Practice Name

Phone

Email

## PATIENT INFORMATION:

Name

Name of Parent (if Minor)

Male  Female

Birth Date

Phone

Email

## REQUESTED SERVICES:

Snoring / Sleep Apnea Eval – **Katherine Ahn Wallace, DDS**

TMJ Pain Evaluation – **Katherine Ahn Wallace, DDS**

Orthodontic Evaluation – **Timothy Yu, DDS, MS**

Oral Surgery Evaluation – **Kevin Coppelson, DDS, MD**

Other: \_\_\_\_\_

## LOCATIONS:

Aviara Center of Los Alamitos

Aviara Center of Beverly Hills

Aviara Center of San Clemente

Signs, Symptoms & Concerns: \_\_\_\_\_

Notes: \_\_\_\_\_

For Patients: call **714.230.2424** for appointment  
For Referring Provider: email: **referrals@aviaracenters.com** or fax: **714.230.2425**