dentalsleepprofessionals
DENTAL TREATMENT FOR SNORING AND SLEEP APNOEA

1300 0 SNORE
☎ 9477 7128

Dr Joachim Ngiam
BDS (Hons) MSD (Ortho) MPhilMed (Sleep Med)
DENTAL SURGEON, SLEEP DENTIST

PATIENT REFERRAL

Patient Name ______________________________ Date ____________

Date of Birth ______________________________ Phone ____________

Dear Dr Ngiam,

I refer my patient for consultation/management of:

- ☐ Mandibular Advancement Splint (MAS) therapy for Primary Snoring/UARS
- ☐ MAS therapy for mild/moderate Obstructive Sleep Apnoea (OSA)
- ☐ MAS therapy for severe OSA (CPAP failure/intolerance)
- ☐ Rapid Maxillary Expansion (RME) for paediatric OSA
- ☐ Maxillary Constriction, Maxillary Deficiency
- ☐ Orthodontic Treatment for Dental Crowding
- ☐ General and Cosmetic Dentistry
- ☐ Other ______________________________

Notes

Yours Sincerely,

Signature ______________________________ Phone ____________

Referring Doctor ______________________________ Provider No ____________

Address ______________________________

Hornsby Suite 8, 25-29 Hunter Street, Hornsby NSW 2077
Gosford Suite 1, 213 Albany Street North, Gosford NSW 2250
Charlestown 50 Smith Street, Charlestown NSW 2290

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