



MG Dentistry

MARIA L. GRACIAS DDS

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WWW.MGDENTISTRY.COM

DATE _____

PATIENT NAME _____

DIAGNOSIS _____

SERVICES REQUESTED

ORAL APPLIANCE THERAPY FOR SLEEP APNEA

ORAL APPLIANCE THERAPY FOR TMJ DISORDER

OTHER

COMMENTS _____

DOCTOR'S NAME OR REFERRAL SOURCE _____

SIGNATURE _____

PHONE NUMBER _____