KEY MYOFUNCTIONAL THERAPY, LLC

Crystal Butler, BSDH, OMT | Orofacial Myofunctional Therapist
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## Patient Referral

Date of Referral: _____

Patient Name: _____ Date of Birth: _____

Responsible Party: _____ Phone: _____

Patient Email: _____

Referring Provider: _____ Phone: _____

Provider Email: _____

### Referred For: (Check all that apply) (Optional: provide description)

- o Mouth Breathing
- o Tongue Posture (e.g., low, thrust)
- o TMJ Stability (related to: hypermobility, eds, connective tissue disorders)
- o Poor Sleep Quality / Snoring / Sleep Disordered Breathing
- o Orofacial Asymmetry
- o Airway Evaluation for Athletic Performance
- o Co-managed Conditions: OSA, TMD, Tinnitis, Tongue / Lip Tie (Pre/Post Release)

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**Providers: Please send referrals via secure email to info@keymyo.com, or scan the QR code below to submit a secure online referral.**

Locations:

Cape Fear Smiles 716
Medical Center Dr
Wilmington, NC 28401

The Weld
1020 Hammell Dr
Raleigh, NC 27603