



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)

- Mouth Breathing
- Tongue Posture (e.g., low, thrust)
- TMJ Stability (parafunctional use of the orofacial musculature)
- Poor Sleep Quality / Snoring / Sleep Disordered Breathing
- Orofacial Asymmetry
- Airway Evaluation for Athletic Performance
- Co-managed Conditions/Tx: Orthodontics, Palatal Expansion, OSA, CPAP Tolerance, TMD, Tinnitus, Tongue / Lip Tie (Pre/Post Release)

Providers: Please send referrals via secure fax 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

