Patient Name:

DOB:

Phone#:

Email:

Referring Provider:

Referring Provider fax:

Patient's Primary Dentist:

Last Cleaning Date:

Preferred Location:

◯ **Arlington**

Alan Erickson DDS D.ABDSM
16410 Smokey Point Blvd, Ste.107
Arlington, WA 98223
(360) 322-6934

◯ **Redmond Office**

Mohammad Khouzani DDS
15955 NE 85th St, Ste. 102 Redmond
WA 98052
(425) 496-7282

Reason For Referral:

◯ Sleep Disorders ◯ TMJ Disorders

Additional Comments:

(Providers, please send most recent Panorex, if available.)

Providers submit referrals to:

F: 866-822-7148

E: Info@regensleeptmj.com

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SLEEP & TMJ