**Sleep Apnoea, Snoring & TMJ Clinic**
*Expert care in Snoring, Sleep Apnoea & Jaw Disorders*
[www.sleepapnoeaandsnoring.ie](https://www.sleepapnoeaandsnoring.ie?utm_source=chatgpt.com) | 📞 +353 1 572 0888
Merrion Road Dental, Herbert Avenue, Dublin 4

**📝 Referral Form**

**Referring Doctor / Dentist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Practice Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone / Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**👤 Patient Details**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**✅ Reason for Referral *(tick all that apply)***

☐ Snoring
☐ Suspected Obstructive Sleep Apnoea
☐ Mandibular Advancement Device (CPAP Intolerance)
☐ TMJ Disorder (Jaw pain, Clicking, Limited Movement)
☐ Orofacial Pain
☐ Jaw Clenching / Grinding
☐ Botulinum Toxin for TMJ

**📄 Clinical Notes / Relevant History**

**📤 Attachments Provided**

☐ Sleep Study Report
☐ Clinical Notes
☐ Imaging
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🔁 Follow-up Requested?**

☐ Yes, please provide feedback
☐ No, patient will manage directly

**Please send referrals via phone, email, or through our website.**
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🌐 [www.sleepapnoeaandsnoring.ie](https://www.sleepapnoeaandsnoring.ie?utm_source=chatgpt.com)