**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)