glamorgan dental
WE GROW HEALTHY SMILES
**Dr. Stacey Kreuz**

#17, 3919 Richmond Road S.W Calgary, AB T3E 4P2
info@glamorgandental.ca
p. 403.242.4303
f. 403.686.4070

## Patient Information

| | |
|---|---|
| Last Name: | First Name: |
| Address: | |
| City: | Postal Code: |
| Phone: | Work: |
| Cell: | Email: |
| Date of Birth: | Legal Gender: Male Female |

## Reason for referral:

- ◯ Screening for Sleep Disordered Breathing
- ◯ Consultation for Oral Appliance Therapy
  **Please include diagnostic study and interpretation with referral**

  Has patient tried CPAP? Yes No

  Diagnosis? Mild Moderate Severe Other

Comments:

_____

## Referring Doctor or Clinic

| | |
|---|---|
| Clinic Name: | Physician or Dentist Name: |
| Address: | |
| City: | Postal Code: |
| Phone: | Email: |
| Fax: | Signature: |