Valley Sleep and TMJ
Sceville Dental Group

Professional care • Personalized solutions

Dr. Jodi Sceville, DDS
Diplomate, American Board of Dental Sleep Medicine

Please FAX referral to: (209) 847-3314

Patient Name _____ DOB _____

Phone _____ Email _____

Chief Complaint/Diagnosis _____

_____

Please Evaluate & Treat *(check one or both)*

❍ **Sleep Apnea**

Referred for:

❍ Oral Appliance Therapy
❍ Obstructive Sleep Apnea
❍ Frequent/Heavy Snoring
❍ Excessive Daytime Sleepiness/Fatigue
❍ CPAP Intolerant
❍ Adjunct to CPAP Therapy

❍ **TMD**

Referred for:

❍ TMJ Pain
❍ Headache
❍ Locked Jaw
❍ Facial Pain
❍ Grinding/Bruxism
❍ Jaw Popping/Clicking
❍ Ringing or Stuffiness in Ears

Comments _____

_____

Referring Doctor _____

Phone _____ FAX _____

❍ Please call to discuss prior to patient appointment.

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