NEBRASKA MYOFUNCTIONAL SPECIALTIES

Patricia L. Brinkman-Falter, BS, RDH, MS, COM
Board Certified Orofacial Myologist

I am referring:

Name: _____

DOB: _____ Age: _____

Parent: _____

Phone: _____

Reason for Referral:

o	Tongue Thrust	o	Low tongue posture
o	Orthodontic Relapse	o	Thumb Sucking
o	Nail Biting	o	TMJ Muscle Rebalancing

o Other (Please describe) _____

_____

Other Pertinent Information:_____

_____

_____

Referring Dr._____

Address:_____

Phone:_____ **FAX:**_____

8911 Whispering Wind Road, Lincoln, NE 68512 (402) 759-1762 or (402) 759-2561
8420 W Dodge Road, Ste 330B Omaha, NE 68114 Pat@NebraskaMyo.com

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