NEBRASKA
MYOFUNCTIONAL SPECIALTIES

PAT BRINKMAN-FALTER, BSDH, MS, COM
BOARD CERTIFIED OROFACIAL MYOLOGIST
LICENSE #613 TIN 26-3623727 NPI 163950

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

I am referring:

Name: ______________________________

DOB: ______________________________ Age: ______________

Parent: ______________________________

Phone: ______________________________

Reason for Referral:

Tongue Thrust R13.11

Nail Biting M26.59

Thumb Sucking M26.59

Mouth Breathing R06.5

Ortho Relapse M26.11

Low tongue posture M26.59

Speech Disturbances R47.9

TMJD Muscle pain M26.69

Other breathing issues R06.89

Malocclusion M26.29

Other (Please describe)

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_ ______________________________

Other Pertinent Information: ______________________________

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Referring Dr.______________________________

Address: ______________________________

Phone: ______________________________ **FAX:** ______________

7701 PACIFIC STREET, SUITE 319, OMAHA, NE | 8911 WHISPERING WIND ROAD, LINCOLN, NE

(402)759-1762 OR (402)882-2MYO