

Introducing: \_\_\_\_\_

Patient's Cell Phone: \_\_\_\_\_ Patient's Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

**REASON FOR REFERRAL:**

- TMJ
- Sedation Dentistry
- Cosmetic Dentistry
- Complex Reconstructive Dentistry
- Sleep Apnea Appliance

Other: \_\_\_\_\_

Treatment Outcome Goals: \_\_\_\_\_

Referring Doctor Notes: \_\_\_\_\_

Referring Doctor Signature: \_\_\_\_\_

**Do you have any special requests on how we can best help your patient?**

Thank You, Angela R. Cameron, DDS, PC, FDOCS, LVIF, FAGD, FPFA  
aka Dr. Cameron and Team.

*We hold ourselves to the highest standards of communication. You can always expect written or verbal communication (whichever is best for you) concerning any patient you send our way. We will also make sure that they are returned to you.*

**Submit all x-rays + correspondences to [TMJclinic@sophisticated-smiles.com](mailto:TMJclinic@sophisticated-smiles.com).**

**REFERRAL TO SOPHISTICATED SMILES**

FOCUSING ON CONSERVATIVE, NON-SURGICAL PROCEDURES. WE IMPROVE LIVES AND WE DO IT WITH SMILES.

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[contactus@sophisticated-smiles.com](mailto:contactus@sophisticated-smiles.com)