NEBRASKA
MYOFUNCTIONAL SPECIALTIES

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

Name: _____

DOB: _____ Age: _____

Parent: _____

Phone: _____

**Reason for Referral:**

| | |
|---|---|
| Tongue Thrust R13.11 | Low tongue posture M26.59 |
| Nail Biting M26.59 | Speech Disturbances R47.9 |
| Thumb Sucking M26.59 | TMJD Muscle pain M26.69 |
| Mouth Breathing R06.5 | Other breathing issues R06.89 |
| Ortho Relapse M26.11 | Malocclusion M26.29 |

Other (Please describe)

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**Other Pertinent Information**: _____

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**Referring Dr.**_____

**Address:** _____

**Phone:** _____ **FAX:** _____

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