

Take the first step towards a revitalized you. Your well-being is our priority!



## Kathleen Saturay, DDS

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Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

### Patient Education Video



### Referred for:

- |  |  |
|--|--|
| <input type="checkbox"/> CBCT Imaging                | <input type="checkbox"/> TMJ Dysfunction           |
| <input type="checkbox"/> Children's Guided Growth    | <input type="checkbox"/> Headaches                 |
| <input type="checkbox"/> Sleep & Airway Assessment   | <input type="checkbox"/> Bite Shifting             |
| <input type="checkbox"/> Laser Frenectomy            | <input type="checkbox"/> Snoring & Sleep Apnea     |
| <input type="checkbox"/> Myofunctional Therapy       | <input type="checkbox"/> Oral Appliance Therapy    |
| <input type="checkbox"/> Buteyko Breathing Exercises | <input type="checkbox"/> Tongue & Lip Tie Release  |
| <input type="checkbox"/> At Home Sleep Study         | <input type="checkbox"/> Atypical Head & Neck Pain |

### Special Instructions

\_\_\_\_\_  
\_\_\_\_\_



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DrSaturaySleepTMJ.com