



MYOFUNCTIONAL

ASSOCIATES OF GA AND AL

REFERRAL FORM

BETH SOHAIL, RDH

Myofunctional Specialist
Sleep Anatomical Investigation & Counseling
Breath Pattern Training

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PATIENT INFORMATION

→ Patient Name: _____

→ Referred by : _____

CHECK ALL TREATMENT NEEDED

- Tongue Tie Pre and Postop
- Myofunctional Therapy
- Nasal VS Mouth Breathing
- Correct Oral-Facial Rest Posture
- Buteyko Breathing Re-education
- Sleep Counseling
- Patient Education and for What?

Other:

