



OrofacialFitness

Proper oral posture is the key for functioning your
B.E.S.T self (Breathe. Eat. Sleep. Thrive)

Nerissa Boggan, BSDH, AOMT-C

Oral Myofunctional Therapy Referral Form

Date: ____/____/____

Patient Name: _____

Age: _____

Phone: _____

Patient Email Address: _____

Reason for Referral/Prescription:

Orofacial Myofunctional Therapy

Abnormal Swallowing Patterns/Tongue Thrust

Mouth Breathing Open-lips Resting Posture

Restricted Lingual Frenum

Clenching/Grinding Snoring

Other Concerns: _____

Drooling

Non-nutritive Sucking Habit

Poor Tongue Rest Posture

Restricted Nasal Airway

Sleep Apnea/UARS

Referred by: _____

Phone: _____

Email Address: _____

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Phone: (925) 962-7450

Virtual and In-Person Appointments Available

LAFAYETTE and WALNUT CREEK