

I am referring _____ for the evaluation and fabrication of a mandibular advancement device to help treat their Sleep Disordered Breathing.

The patient underwent a sleep study and has an (AHI/RDI) of _____

The patient has been diagnosed with:

- Mild Obstructive Sleep Apnea
- Moderate Obstructive Sleep Apnea
- Severe Obstructive Sleep Apnea
- Primary Snoring

The patient has yet to undergo a sleep study

- I have attached a referral for a home sleep study
- I prefer the patient to have an in lab PSG

The patient has:

- Tried a CPAP machine but cannot tolerate it
- Not tried a CPAP machine yet
- Is not a candidate for a CPAP machine

I have given the patient all necessary paperwork including:

- A prescription for mandibular advancement device
- Face to face notes so a home sleep study can be administered
- Referral for home sleep study (if requesting home sleep study)

Sample forms can be found on our website.

Notes _____

Signature _____

Date _____

Please attach a business card so we know whom to follow up with.