

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.