

# DENTAL SLEEP MEDICINE REFERRAL

Oral Appliance Therapy for Sleep Apnea & Snoring

Dr. Hassan Al Maghazchi

The Doctors of Sleep Apnea

2322 E. Oakland Park Blvd. • Fort Lauderdale, FL 33306

## PATIENT INFORMATION

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

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

## REASON FOR REFERRAL

- Obstructive Sleep Apnea (OSA)
- Primary Snoring
- CPAP Intolerant / CPAP Alternative
- Oral Appliance Therapy Evaluation
- OSA Follow-Up / Appliance Adjustment
- Other: \_\_\_\_\_

## SLEEP HISTORY / SYMPTOMS

- Loud snoring
- Witnessed apneas
- Excessive daytime sleepiness
- Morning headaches
- Non-restorative sleep
- Bruxism
- TMJ symptoms
- Hypertension
- Other: \_\_\_\_\_

## SLEEP STUDY STATUS

- Prior Sleep Study Completed
- Home Sleep Test (HST)
- In-Lab Polysomnography (PSG)
- No Sleep Study – Evaluation Requested

AHI (if known): \_\_\_\_\_ Date: \_\_\_\_\_

## CLINICAL NOTES

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

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward consultation notes and treatment outcomes to the referring provider.*