



Dental Sleep Solutions of Greenville
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Greenville, TX 75402
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Dental Sleep Solutions of McKinney
8751 Collin McKinney Pkwy
Suite 1502
McKinney, TX 75070
(P) 214-592-8042

Both offices - Fax # 903-455-5888 or Email to sleepapneadfw@gmail.com

Prescription for Oral Sleep Appliance

Patient Name: _____
Patient Date of Birth: _____
Address: _____
Phone: _____
City, State, Zip: _____

Patient Signs & Symptoms

<input type="checkbox"/> Loud Snoring	<input type="checkbox"/> Restless Sleep	<u>Additional</u>
<input type="checkbox"/> Witnessed Apneas	<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Daytime Drowsiness	<input type="checkbox"/> Nighttime GERD	_____
<input type="checkbox"/> Loss of Energy	<input type="checkbox"/> Morning Headaches	_____

Patient referred to Dr. Kyle Smith to be evaluated for **oral appliance therapy (OAT)** due to:

- Patient has been diagnosed with obstructive sleep apnea
 - CPAP Intolerance
 - Seeking Oral Appliance Therapy to manage mild, moderate, or severe OSA condition
 - Primary Snoring
 - Surgical Result Inadequate, seeking alternative
 - Interested in Oral Appliance Therapy to be used as adjunct to CPAP or Surgery
 - Additional comments regarding patient's history of OSA therapy:
- _____
- _____

Please check if you would like us to provide Home Sleep Study service, we provide HST via Watchpat. _____

If Sleep study data exists, please send it to our office prior to the consultation appointment.

Referring Provider: _____
City & Zip: _____ State _____
Office Phone: _____

Provider Signature: _____ Date: _____