



Prescription for Sleep Care - Dentist

Patient		Requesting dentist	
Last and first name		Dentist's last and first name Licence number	
Address		<h1>STAMP</h1>	
City	Postal code		
Phone number			
Sex	DOB (yyyy/mm/dd)		
		Dentist's signature (handwritten or electronic) MANDATORY Date	

Patient is a candidate for a mandibular advancement orthosis (MAO). (Following recommendations of the AASM¹)

Send a copy of the examination to the physician:

Last and first name

Clinic

Clinical information

- Snoring Surgery failed Other or indications justifying PSG : _____
 OSA suspected Intolerance to CPAP

Adult | Sleep study and medical consultation in pulmonology

- Home sleep test and consultation With MAO
 Polysomnography and consultation With MAO With bruxism assembly
 Medical consultation in pulmonology

Pediatric | Sleep study (in laboratory) and medical consultation in pulmonology

- Polysomnography (PSG) and consultation
 Medical consultation in pulmonology

Consultation with a pulmonologist following the diagnostic study is covered by the RAMQ.

¹AASM : America Academy of Sleep Medicine

**ALL TESTS ARE INTERPRETED BY PULMONOLOGISTS
MEMBERS OF THE COLLÈGE DES MÉDECINS DU QUÉBEC.**

Medical Director: Dr Pierre Mayer

