Biron

THIS PRESCRIPTION
IS ALSO ACCEPTED IN THE
PUBLIC HEALTH CARE

For an appointment

Montreal & area	514 866-2344	**Drummondville**	819 474-5333
Quebec City	418 656-1290	**Sorel**	450 551-2001
Sherbrooke	819 821-3304	**Toll-free**	1 855 SOMMEIL
Trois-Rivières	819 373-0306	**Fax**	450 619-6956
Granby	450 378-5031		

Prescription for Sleep Care - Dentist

Patient	Requesting dentist
Last and first name	Dentist's last and first name — Licence number
Address	STAMP
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 AASM[1])

❑ Send a copy of the examination to the physician:

Last and first name _____ Clinic _____

Clinical information

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

Adult | Sleep study and medical consultation in pulmonology

❑ Home sleep test and consultation
❑ Polysomnography and consultation
❑ Medical consultation in pulmonology
❑ With MAO
❑ With MAO
❑ Bruxim Montage

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.

[1]AASM : America Academy of Sleep Medicine

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

Medical Director: Dr Pierre Mayer

AGRÉÉ ACCREDITATION AGRÉMENT CANADA