

## Prescription for Sleep Care - Dentist

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

Patient is a candidate for a mandibular advancement orthosis (MAO). (Following recommendations of the AASM<sup>1</sup>)

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.

<sup>1</sup>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

