

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 AASM¹)

Send a copy of the examination to the physician:

Last and first name

Clinic

Clinical information

Snoring Surgery failed Other: _____

OSA suspected Intolerance to CPAP _____

Adult | Sleep study (at home) and medical consultation in pulmonology

Cardiorespiratory polygraphy (CRP) and consultation With MAO

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

