

Obstructive sleep apnea is a multidisciplinary disease. In order that we may fully communicate with the other doctors and dentists you have chosen; it is very **IMPORTANT** for your care that you please fill out the following:

PATIENT NAME _____ DATE _____

DOB _____ MALE _____ FEMALE _____

Primary Care Physician: _____
Address: _____
Phone number: _____
Fax number: _____

Sleep Physician's Name: _____
Address: _____
Phone number: _____
Fax number: _____

General Dentist's Name: _____
Address: _____
Phone number: _____
Fax number: _____

Specialist's Name: _____
Address: _____
Phone number: _____
Fax number: _____

(FOR OFFICE USE ONLY)

Chief Complaint:	Dentistry:	Tongue Size: Sm Med Lrg XL
	Brux:	Soft Palate: Short Med Long XL Broad
Neck Size:	TMJ:	Uvula: None Short Med Long XL Thick
High vault palate:	Range:	Palatopharyngeal (Crowded): No Mild Mod Sev
Weight loss:	Positional apnea:	Midline:
Nasal/Mouth/Both	Advance midline:	Retrognathia:
Side/Back/Stomach	Herbst/Air	Narrow arch development:
		Cervicofacial adipose tissue: