

DATE: ____/____/____

NAME: _____
First Middle Initial Last

Middle Initial

Last

○ Date of Last Physical Exam: _____

- Blood Pressure _____

- Pulse _____

○ Neck Measurement (in inches) _____

○ Height _____ Feet _____ Inches

○ Weight (in pounds) _____

○ BMI _____

[illegible]

○ PSG- AHI/RDI _____

○ HST- AHI/RDI _____

- SUPINE INDEX

- NON-SUPINE INDEX

- REM INDEX

- If patient is failed CPAP patient, notations as to

why: _____

○ **RADIOGRAPHIC EVALUATION:**

- Baseline Lateral Cephalogram following protocol to visualize posterior airway space:
 - Hyoid position in relation to a perpendicular dropped from mandible to the most superior portion of hyoid: _____ mm
- Panoramic Radiograph
- Bitewing radiographs to evaluate condition of teeth

○ **MALLAMPATI EXAMINATION:**

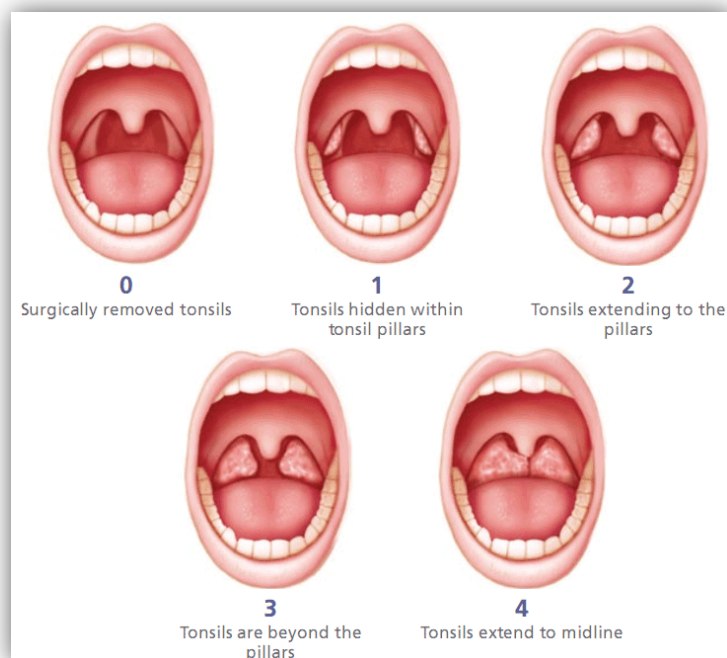
- Mallampati Classification: _____



○ **TONGUE EXAMINATION:**

- Examination of the tongue showed:
 - ☐ Ankyloglossia (tongue-tie)
 - ☐ Coated
 - ☐ Enlarged
 - ☐ Reddened
 - ☐ Scalloped
 - ☐ Tongue thrust
- Tongue Level Is: ☐ Low ☐ Median ☐ High

○ **TONSIL EXAMINATION:**



○ **ORAL EXAMINATION REVEALED:**

<input type="checkbox"/> Abfractions	<input type="checkbox"/> Scalloped Tongue	<input type="checkbox"/> Bruxism
<input type="checkbox"/> Caries	<input type="checkbox"/> Clenching	<input type="checkbox"/> Constricted Mandible
<input type="checkbox"/> Edge-to-edge occlusion	<input type="checkbox"/> Flattened cusps	<input type="checkbox"/> Gingival recession
<input type="checkbox"/> Healthy periodontium	<input type="checkbox"/> Missing Teeth	<input type="checkbox"/> Periodontal disease
<input type="checkbox"/> Oral Cancer Exam Negative	<input type="checkbox"/> Oral Cancer Exam (Positive Findings)	<input type="checkbox"/> Restorations needing repair

- Mallampati Score Confirmed Yes / No
- GERD Observations Confirmed Yes / No
- Tooth Grinding Confirmed Yes / No
- Tongue Scallop Confirmed Yes / No

○ **DENTAL RELATIONSHIP:**

- Class I (Normal) _____
- Class II (Retrognathic) _____
- Class III (Prognathic) _____
- _____ Mobility Upper Anterior / Posterior Teeth
- _____ Mobility Lower Anterior / Posterior Teeth
- _____ mm Maximum Interincisal Opening
- _____ mm Left Lateral Excursion
- _____ mm Right Lateral Excursion

○ **STETHESCOPE JOINT EVALUATION REVEALED**

- Crepitus Upon Opening/Closing R, L, B
- Early Opening/Closing Click R, L, B
- Late Opening/Closing Click R, L, B
- No Reproducible Click

○ **ASSESSMENT: Decision making (Diagnosis)**

○ **PLAN: Decision Making (Treatment Options)**

○ **DENTAL ACTION:**

- Patient Cleared for OAT treatment Yes / No
- Informed Consent Reviewed Yes / No
- 3 Shape scan of maxillary and mandibular teeth with bite registration. Alternative: Alginate Impressions
- Protrusive bite registration is acquired with George Gauge

INITIAL DELIVERY OF MANDIBULAR ADVANCEMENT DEVICE

- Date of Initial Delivery: ____ / ____ / ____
 - **Horizontal Positioning:**
 - 1 25% Protrusion ____ mm of protrusion
 - 2 50% Protrusion ____ mm of protrusion
 - 3 75% Protrusion ____ mm of protrusion
 - 4 >75% Protrusion ____ mm of protrusion
 - **Vertical Positioning:** Vertical at maximum intercuspation is baseline of 0 (record actual separation as well)
 - 1 ____ mm of separation of teeth at midline
 - 2 ____ mm of separation of teeth at midline
 - 3 ____ mm of separation of teeth at midline
 - 4 ____ mm of separation of teeth at midline
 - **Hyoid Positioning:**
 - Initial - ____ mm
 - Treatment - ____ mm
 - **Blood Pressure measured at the end of appointment. Record time of day and length of appointment**
 - Systolic ____
 - Diastolic ____
 - Ambulatory ____
 - **GERD symptoms since last visit:**
 - Yes ____ No ____
 - DDS observed or patient reported _____
-

TITRATION VISIT OF MANDIBULAR ADVANCEMENT DEVICE

- Date of Titration Visit: ____ / ____ / ____
- **Horizontal Positioning:**
 - 1 25% Protrusion ____ mm of protrusion
 - 2 50% Protrusion ____ mm of protrusion
 - 3 75% Protrusion ____ mm of protrusion
 - 4 >75% Protrusion ____ mm of protrusion
- **Vertical Positioning:** Vertical at maximum intercuspation is baseline of 0 (record actual separation as well)
 - 1 ____ mm of separation of teeth at midline
 - 2 ____ mm of separation of teeth at midline
 - 3 ____ mm of separation of teeth at midline
 - 4 ____ mm of separation of teeth at midline
- **Hyoid Positioning:**
 - Initial - ____ mm
 - Treatment - ____ mm
- **Blood Pressure measured at the end of appointment. Record time of day and length of appointment**
 - Systolic ____
 - Diastolic ____
- **GERD symptoms since last visit:**
 - Yes ____ No ____
 - DDS observed or patient reported _____

TITRATION VISIT #2 OF MANDIBULAR ADVANCEMENT DEVICE

- Date of Initial Delivery: ____ / ____ / ____
- **Horizontal Positioning:**
 - 1 25% Protrusion ____ mm of protrusion
 - 2 50% Protrusion ____ mm of protrusion
 - 3 75% Protrusion ____ mm of protrusion
 - 4 >75% Protrusion ____ mm of protrusion
- **Vertical Positioning:** Vertical at maximum intercuspation is baseline of 0 (record actual separation as well)
 - 1 ____ mm of separation of teeth at midline
 - 2 ____ mm of separation of teeth at midline
 - 3 ____ mm of separation of teeth at midline
 - 4 ____ mm of separation of teeth at midline
- **Hyoid Positioning:**
 - Initial - ____ mm
 - Treatment - ____ mm
- **Blood Pressure measured at the end of appointment. Record time of day and length of appointment**
 - Systolic ____
 - Diastolic ____
- **GERD symptoms since last visit:**
 - Yes ____ No ____DDS observed or patient reported _____
- **OTHER OBSERVATIONS:**
 - Data to be tracked: _____
 - Run High Resolution Pulse Oximetry screening for 3 nights to facilitate titration and assess objective improvements
 - Utilize STOP BANG or Berlin questionnaire to reassess resolution of subjective complaints
 - **Repeat titration appointment process, until patient receives optimal outcomes**

Compliance and Successful Treatment Follow Up

- Patient Kept Log on nightly usage? Yes / No
 - Log submitted with their tracking?
- Successful Treatment and Referred Back to referring/prescribing physician:
 - Date of referral back ____ / ____ / ____
 - Results of follow-up PSG or HST _____
- Follow Up Visit, every six months
- New OA every five years