

Patient Details

		Date
Name		DOB
Address		
State	Postcode	
Tel (H)	Tel (W)	Tel (M)

Request for

MAS (Mandibular Advancement Splint)
 MAS (Trial Therapy)

Other (please specify)

Chief Concerns / Symptoms

Snoring
 Daytime sleepiness
 Unrefreshed sleep
 Choking or gasping
 Bruxism
 Witnessed apnoeas

Other (please specify)

Relevant Medical History

Hypertension
 Heart disease
 Diabetes

Other (please specify)

Sleep Study Results (if applicable)

Diagnosis: Mild / Moderate / Severe RDI/AHI

Referred by

Name

Tel Email

Address for reports

Dr Harry Ball

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Grad. Dip. Counsell. & H.S.(Lat)

Dr Ken Lee

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