

Dental Office:

Office Address: _____

Phone: _____

Fax: _____

Homepage: _____

Email: _____

Physician Name: _____

Physician Address: _____

Patient Information

Name: _____

Date of birth: _____

Date of Insertion: _____

Dear _____

Your patient has been in our office to have his/her oral appliance successfully inserted, and will be continuously observed through our program.

Our program consists of a comprehensive examination, thorough records and impressions of the upper and lower arches to construct an oral appliance with close observation and frequent maintenance appointments. A follow-up sleep study will be recommended upon significant relief of symptoms. The patient will be referred back to your office for continued care.

We aim to be the premier provider of oral appliance therapy for obstructive sleep apnea.

We believe:

- Obstructive sleep apnea is a serious growing health threat with an extensive array of pernicious ramifications.
- Oral Appliance Dental sleep care, with its new and constantly improving appliance technology, has a dramatically positive role to play as an alternative sleep apnea therapy.
- The dental sleep care option must be carefully intergraded with the initial and ongoing care of the patient's physician.
- We are committed to providing the highest standard of care, medical insurance participation, positive patient experience, and protocol compliance.
- Integrative and collaborative efforts with the patient's physician have and will remain critical to the outstanding outcomes enjoyed by our patients.

I look forward to collaborating with you.

Sincerely,

Dental Office: XXXXXXXXXXXXXXXXXX

Office Address: XXXXXXXXXXXXXXXXXX
XXXXXXXXXX NY XXXXX

Phone: (XXX) XXX-XXXX

Fax: (XXX) XXX-XXXX

Homepage: https://XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

Email: XXXXXXXXXXXX@XXX

Physician Name: Dr. XXX

Physician Address: XXXXXXXXXXXXXXXXXX

XXXXXXXXXX NY XXXXX

Patient Information	
Name:	XXXXXX, XXXXX
Date of birth:	DD/MM/YY
Date of Insertion:	DD/MM/YY

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XXXX XXXXX, DDS
XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

