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Sleep Disordered Breathing Exam Form

Patient: _____ Sleep Physician: _____ Date: _____

1. ___ Copy of Polysomnogram: Including AHI, RDI, lowest oxygen desaturation DSAT. _____
AHI _____ RDI _____ Min O2 SAT _____ Sleep Effic. _____% Rem Effic. _____%
% time PaO2 under 90% _____
2. ___ Diagnosis Code(s) used by Physician and Dentist _____
3. ___ Copy of prescription for oral appliance from physician
4. ___ Letter of medical necessity from physician
5. ___ Informed Consent (attached): a. ___ signed; b. ___ monitor rev'd c. ___ questions, exercise, appl. rev'd
6. ___ Affidavit of Intolerance to CPAP (attached)
Usual CPAP pressure/flow rate (?=10.5cm H2O?) _____
Exact reasons for CPAP intolerance: _____
7. ___ Epworth Sleepiness Scale (attached) _____
8. ___ Sleep monitor consent/deposit form
9. ___ Photos – Facial & Retracted Smile & Retracted R & L
10. ___ RADIOGRAPHS: _____ Panoramic _____ Cephalometric
11. ___ Height: _____ Weight: _____ Neck Circumference: _____ (Men:> 17in.; Women> 15 in.)
BMI Calculated: _____ $([Wt. (lbs.) / Ht. (in.)^2] * 703)$ (Weight loss of 5-10% often effective)
12. ___ BP: _____ Pulse _____ SaO2: _____ Temp: _____
13. ___ History:
 - a. Chief Complaint (cc) _____

 - b. Hx of present illness (HPI) _____

 - c. Review of Systems (ROS) _____

 - d. Past medical, family & social histories (PFSH) _____

14. ___ NOSE
 - Can you breathe normally through your nose? _____

- Can you adequately breathe through your nose during exercise? _____
- Do Breathe Right strips help you breathe through your nose? _____
- Do you have allergies that cause you to be congested? _____
- Nasal collapse? Or nasal obstruction? _____
- Nasal valve (Internal) collapse during inspiration? _____
- Alar rim (External) collapse during inspiration? _____
- Other Nasal Problems? (Clinically/ Visually)_____

15. ___ OROPHARYNAGEAL TISSUES

- Tongue (dorsum): ___ Small: 1+ at OP
 ___ Medium: 2+ above OP
 ___ Large: 3+ filling oral cavity
- Oropharynx: ___ Class I: uvula, faucial pillars, soft palate visible
 (Mallampati) ___ Class II: faucial pillars, soft palate visible
 ___ Class III: soft and hard palate visible
 ___ Class IV: hard palate visible only
- Soft Palate length and uvula size: S___ M___ L___
- Tonsil Grading: ___0: no tonsil showing
 ___1: occupying < 25% interfaucal distance
 ___2: occupying 25-50% interfaucal distance
 ___3: occupying 50-75% interfaucal distance
 ___4: occupying >75% interfaucal distance

16. ___ DENTAL EXAM

- Missing teeth (refer to x-rays and chart):_____
- Mobility:_____
- Decay:_____
- Stability of restorations:_____
- Open contacts:_____

17. ___ PERIODONTIUM (refer to perio charting)

- Periodontal pocketing_____
- Recession_____
- Tooth Mobility_____
- Bleeding upon probing_____

- Presence of calculus/ plaque _____
- Homecare _____
- Time since last dental examination _____

18. ___ OCCLUSION

- Overbite: _____ mm Overbite %: _____ Overjet: _____ mm
- Angle classification: Class I, Class II, Class III
- Position of dental midlines:
- Wear facets: _____
- Occlusal contacts: _____
- Molar relationship: _____

19. ___ TMJ HEALTH

- TMJ Evaluation- Palpation: _____ R.O.M.: R ___ I ___ L
 Deviations: _____ 1
- Palpation of: Masseters: _____ R ___ L ___ 1
 (0-10) Temporalis: _____ R ___ L ___ 1
 SCM: _____ R ___ L ___ 1
 Lat. Pterygoid muscles: R ___ L ___

20. ___ A-P (retruded to protrusive) distance (must be at least 7 mm.): _____

21. ___ Presence of bruxing? _____ Wear facets on anterior teeth? _____
 Wear facets on posterior teeth? _____
 *Evidence of Lateral Bruxing? _____
 *Evidence of Medic.-induced Bruxing? _____
 *Dental undercuts available? _____

22. ___ Interincisal distance: _____

23. ___ Mode of respiration: Nose _____ or Mouth _____

24. ___ Impressions for models, bite registration

- 2 max impressions & 2 mandibular impressions: _____
- George Gauge: Retruded: _____ Protruded: _____ 67%: _____
- Protruded: Pulse ox _____ Snore Test _____ Dental Midlines _____

25. ___ Snoring (1-10): _____

- Crescendo Snoring? _____ (↑ during inspiration indic.'s, OSA, Ends at Arousal Threshold)
- Stridor? _____ (Laryngospasm, Vocal cord dys-fn. @ inspiration) (Often => NM. Probs)

c. Groaning? _____ (Expiratory; between two deep inspirations)

26. ___ Diet, Exercise & Medications

a. Is alcohol drunk prior to sleep? _____

b. Is alcohol drunk after 6:00 pm? _____

c. Do you exercise daily? _____

d. Do you exercise in the evening? _____

e. Do you regularly take sedatives or medication to help you sleep? _____

f. Do you take anti-depressant medication? _____

g. Narcotics? _____

h. Viagra? _____

27. ___ Do you or your partner notice greater sleep breathing problems or snoring in certain sleep positions (eg. on your back/spine)?: _____

28. ___ Diagnosis: _____

29. ___ Perpetuating factors: _____

30. ___ Additional Findings: _____

31. ___ Treatment Plan:

_____ a. OSA appliance nightly

_____ b. Breathe Rite Strips nightly (at nasal valve!) v. Nasal Cones

_____ c. Nasal decongestant spray nightly

(Max: 1 time daily: prior to sleep)

(Max: 1 puff each nostril) Flonase: 2 sprays each nostril prior to sleep

(Max: four nights/week) Flonase: 2 sprays each nostril prior to sleep

_____ d. Nasacort or Flonase: 2 sprays each nostril prior to sleep

_____ e. Anti-histamine prior to sleep

_____ f. Nasal Saline prior to sleep

_____ g. Avoid back-sleeping; T-Shirt/pocket/tennis ball v. NightShift v. Remantee Bumper

_____ h. Weight loss

_____ i. Dental Treatment _____

- _____ j. Difference in exercise _____
- _____ k. Difference in food, drink, alcohol _____
- _____ l. [Combination (CPAP/OSA) therapy] _____
- _____ m. Eval for obstructed nasal airway treatment by E.N.T _____
- _____ n. Follow-up sleep study (PSG) after oral appliance therapy finalized. _____
- _____ o. _____
- _____ p. _____

Follow-up:

- _____ a. Check for loose appliance
- _____ b. Breathe-Rite Strips nightly v. Nasal Cones
- _____ c. Nasal Inflammatory Modulator (eg Nasacort, Flonase)
- _____ d. Anti-Histamine nightly
- _____ e. Nasal Saline nightly
- _____ f. G.E.R.D. Treatment: H2 blocker or Proton Pump Inhibitor
- _____ g. Avoid back-sleeping with T-Shirt/ball
- _____ h. Right-side sleeping
- _____ i. Left-side sleeping
- _____ j. Weight loss
- _____ k. Bed-slant: Raise head of bed approx.. 8 degrees
- _____ l. Sleep MD consult: Periodic limb movement?
- _____ m. Sleep MD consult: RLS? Iron-deficiency?
- _____ n. Sleep MD consult: Fluid accum in legs? Compression stockings?
- _____ o. ENT consult due to Upper Airway Resistance Syndrome?
- _____ p. Cognitive Behavioral Therapy (CBT) for sleep issues and sleep hygiene
- _____ q. MD consult for supplemental oxygen
- _____ r. Combination treatment: MAD & CPAP (lower CPAP pressure; increased CPAP compliance; less mandibular advancement)
- _____ s. TAP-PAP, OPAP: (Nasal CPAP attached to appliance or Oral-PAP)
- _____ t. Drug-Induced Sleep Study to evaluate airway during (Non-Rem) sleep

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INFORMED CONSENT FOR ORAL APPLIANCE USE FOR THE TREATMENT OF SLEEP DISORDERED BREATHING

You have been diagnosed by your physician as requiring treatment for sleep-disordered breathing (snoring and/or obstructive sleep apnea). This condition may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels, resulting in excessive daytime sleepiness, irregular heartbeat, high blood pressure, heart attack or stroke.

Oral appliance therapy for snoring/obstructive sleep apnea assists breathing during sleep by keeping the tongue and jaw in a forward position. Oral appliance therapy has effectively treated many patients. However, there are no guarantees that it will be effective for you, since everyone is different and many factors influence the upper airway during sleep. You understand that this office spends much time and effort with each patient and will neither expect nor demand a refund if this therapy does not succeed. It is important to recognize that, even with effective therapy, some time may pass before the appliance functions maximally. During this time you may still experience the symptoms related to your sleep disordered breathing. If you are medically diagnosed as having sleep apnea, your physician should order a follow-up sleep study to objectively assure effective treatment and to “titrate” (adjust) the appliance for maximum gain. You understand the need for and agree to have this follow-up sleep study.

Sleep appliances work by pulling forward the jaw and/or tongue. They may fit extremely tightly over the teeth and pull the bottom jaw forward into a “bulldog bite” and hold the teeth in the most closed position possible. They may hold only the tongue forward. Appliances differ in the style of adjustment hardware, the position of the adjustment hardware, and the material used in the appliance itself. Some patients will find one appliance more effective and/or comfortable than the others. No one appliance will work for every patient. Appliances are indicated for patients with mild to moderate sleep apnea, patients who are less than 50 percent above their ideal body weight, those with a small bottom jaw (receding chin) and patients who cannot breathe through their noses.

Short-term side effects of oral appliance use may include excessive salivation, difficulty swallowing with the appliance in place, sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth and short-term bite changes. There are also reports of the dislodgment of ill-fitting dental restorations. Most of those side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Any breaks or cracks in the appliance should be reported and repaired ASAP.

The teeth must be restored with proper fillings and well-fitting crowns (caps), and there must be no significant gum disease. The appliances hold onto the teeth tightly, so they may extract weak teeth or pull out ill-fitting fillings and crowns (caps). Appliances should be avoided by patients with gum disease, existing severe joint problems (the jaw joint is to the front of and just below the ear), severe sleep apnea, patients who have untreated heart rhythm problems related to their sleep apnea, patients with limited movement of their bottom jaw (difficulty opening the mouth or sticking out their chin), and by children. If you are pregnant, you must **not** wear these appliances.

Long-term complications can include permanent bite changes resulting from tooth movement and/or jaw joint repositioning. These complications may not be fully reversible once appliance therapy is discontinued, and may require restorative treatment or orthodontic intervention for which you will be responsible. You may need to choose between appliance wear with its breathing benefits and ceasing appliance wear. You will be given morning exercises (or an am repositioning appliance). They should be performed each morning after appliance wear for best results. You agree to do the exercises or use the am positioner each morning.

Follow-up visits for appliance therapy are mandatory to ensure proper fit and to allow examination of your mouth to assure a healthy condition. If unusual symptoms or discomfort occur outside the scope of this consent, or if pain medication is required to control discomfort, you should cease using the appliance until you are evaluated further. We need to periodically evaluate for, and you need to always check for, changes in the position of your jaw, joints, teeth and bite. Long term yearly recall evaluations are necessary to evaluate for any oral changes. You should inform us of any changes, cracks, or breaks in the appliance.

Other accepted treatments for sleep-disordered breathing include behavioral modifications, positive airway pressure and various surgeries. You have chosen oral appliances therapy to treat your sleep disordered breathing and you are aware that it may not be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to this office. Failure to treat sleep-disordered breathing may increase the likelihood of significant medical complications.

I have received, read and understood the conditions and information in this patient consent letter and the information which I was given during our consultation today. I have had the opportunity to discuss the foregoing conditions and the information concerning the oral appliance. I give my permission for my diagnostic and treatment records to be used for the purposes of research and education. I also accept financial responsibility for this therapy. With all of the foregoing in mind, I authorize treatment and confirm that I have received a copy of this consent form and will have a post-treatment follow-up sleep study.

Signature _____ Date _____ Witness _____ Date _____

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**Affidavit of Intolerance to CPAP
And Election of Oral Sleep Appliance**

I have attempted to use the nasal CPAP to manage my sleep related breathing disorder (apnea) and find it intolerable to use on a regular basis for the following reason(s):

- I decline CPAP and elect treatment with an oral sleep appliance
- Mask Leaks
- An Inability to get the Mask to Fit Properly
- Discomfort Caused by the Straps and Headgear
- Disturbed or Interrupted Sleep Caused by the Presence of the Device
- Noise from the Device Disturbing Sleep or Bed/Partner's Sleep
- CPAP Restricted Movements during Sleep
- CPAP Does Not Seem to be Effective
- Pressure on the Upper Lip Causes Tooth Related Problems
- Latex Allergy
- Claustrophobic Associations
- An Unconscious Need to Remove the CPAP Apparatus at Night
- General Annoyance disturbing my sleep
- Other _____

Because of my intolerance/ inability to use the CPAP, I wish to have my OSA treated by Oral Appliance Therapy utilizing a state of the art Mandibular Advancement Device.

87.5% of all patients using a sleep appliance will show some change in tooth position, angle, and spacing; these can be minimized by using the morning exercises or morning joint-seating appliance as directed. It is also necessary to use the sleep monitor to help adjustment of the appliance to its most effective position for your breathing, joints and muscles.

If oral sleep appliance therapy is effective but discontinued due to dental changes or personal preference, then other sleep apnea treatment options must be pursued with your sleep physician.

Name _____

Signature _____

Date _____

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THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

TOTAL: _____

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Informed Consent for Security
Deposit on Home Sleep Monitor

I, _____, agree to leave \$1000.00 in: (check one:) _____ Cash,
_____ Check, or _____ Credit Card # _____ exp. # _____, as security deposit
on the Home Sleep Monitor used in titration (adjustment) of my Oral Sleep Appliance (OSA).

My account will not be charged and these funds will not be applied and deposited unless I have not returned the
monitor working and undamaged to this office in person or by Post (mail, Fed-Ex, UPS, etc.) by date:
_____. If the monitor is not returned by this date, my account will be charged
the full amount and the funds deposited. If no date is specified, the return date is 35 days after delivery of the
sleep appliance and monitor.

If I am wearing my Oral Sleep Appliance nightly and the adjustment period is longer than expected, I will
contact this office for an extension of the return date, and a new form will be mailed or faxed to me indicating a
new date by which the monitor should be returned working and undamaged. If not returned working and
undamaged, I am responsible for it, my account will be charged and the funds deposited. During and after the
adjustment period, a specialized more detailed, monitor may be used. For these nights, a larger deposit will be
held (and not deposited) unless the monitor is not returned working and undamaged.

**Please remove the battery after each use, when the monitor is not in use and when sending the monitor
back to our office. If the battery is not removed it will cause damage to the monitor which will result in
additional cost to you for the monitor. The battery should be placed positive to positive and negative to
negative. (Note: unlike the usual arrangement, the spring end in the monitor contacts the battery at the
positive (+) end.)**

Signed: _____ Date: _____
Staff: _____ Date: _____

If extra time is needed with monitor:

Signed: _____ Return Date: _____
Signed: _____ Return Date: _____
Signed: _____ Return Date: _____
Signed: _____ Return Date: _____
Signed: _____ Return Date: _____
Signed: _____ Return Date: _____
Signed: _____ Return Date: _____

OSA/MAD Delivery Appointment Check List

Patient: _____ **Date:** _____

- _____ **1. In Room:**
 - _____ **a. Patient exam forms (completed) + Panorex + Photo**
 - _____ **b. Informed Consent (5) + CPAP Intol. Form (6)
Epworth scale (7) + Monitor deposit form (8)**
 - _____ **c. Monitor instructions (10) + Appliance instructions (11)
Monitor sheet (13) Competed first 3 days baseline**
 - _____ **d. Sleep appliance, keys, case, bag, instruction sheet, elastics**
 - _____ **e. RU-Sleeping monitor, battery, cannula, instructions are back**
 - _____ **f. Sleep Monitor Forms (two)**
 - _____ **g. Condylar seating appliance (if applicable)**
- _____ **2. Patient Seated & verified forms completed & signed; pgs. #10, #11 initialed**
- _____ **3. Copies of forms/pages 5,6,7,8,10,11,12 given to patient; originals stay in chart!**
- _____ **4. Review OSA; Throat close off as breathe in;
Appliance holds jaw forward, tongue forward, opens airway**
- _____ **5. Begin/complete review of:** ___ **a. Appliance** ___ **b. Monitor** ___ **c. Seating appliance/exercises**
___ **d. Monitor sheets** ___ **e. Home care instructions**
___ **f. Appliance adjustment (titration)**
- _____ **6. Place appliance: If SomnoDent, place upper first, then lower**
- _____ **7. Doc: fit and adjust upper; fit and adjust lower, review titration**
- _____ **8. Doc: verify occlusion, snoring with no appliance, snoring with appliance**
- _____ **9. Doc: review monitor, Nasal Cannula, monitor forms and calls (faxed form first)**
- _____ **10. Doc: Condylar seating appliance (if done) fit, occlusion, usage**
- _____ **11. Verify:**
 - _____ **a. Appliance Fit, Function, Titration, Monitor Forms**
 - _____ **b. Adjust max: one swing each night**
 - _____ **c. Any questions, call, visit, must see monitor first**
 - _____ **d. Monitor: Must take battery out when not in use or sending!!**
 - _____ **e. Condylar seating appliance: Am's: clench until back teeth hit
or am exercises (use about 10+ minutes)**
 - _____ **f. Home care of appliance & condylar seating appliance**
 - _____ **g. Use of monitor, Nasal Cannula, monitor forms**
 - _____ **h. 2-week call _____**
 - _____ **i. 4-week appointment _____**
- _____ **12. Verify Recommended Tx [pg 4]**

Robert A. Finkel, DDS, MAGD
Sleep Disordered Breathing & Sleep Monitor Use and Care

1. The Sleep Monitor is used without your sleep appliance during the first three days to establish your baseline readings; then during your sleep appliance adjustment (titration) period.
2. Always remove the battery after each use, when the monitor is not in use and when sending the monitor back to us. If the battery is not removed, it will damage the monitor, resulting in additional cost (of the monitor) to you. The monitor has no on/off switch: Battery in = monitor on! The battery should always be placed positive (+) to positive and negative (-) to negative. Unlike other instruments, the spring end in this monitor contacts the battery at the positive (+) end. Please verify battery placement!
3. Before using the monitor each night and after you have recorded your readings in the morning, hold down the button to reset the monitor until the numbers flash and the unit is reset to clear: To verify this, push the button to run through the averages and hours so all are zeroed.
4. To use the monitor: place the nasal cannula in the nose with the prongs curving back into the nose, the tubing over the ears and back around to the throat; tighten the slide. Never place tubing behind the head or to the back of the neck. The nasal inserts may be shortened slightly for comfort with a nail clipper or scissors: Do not over-shorten.
5. After battery placement, the tubing end is (gently) screwed onto the monitor port and “signal ok” verified. The monitor & excess tubing (coiled) are placed into a t-shirt pocket and secured with a safety/diaper pin. (Do not pierce the tubing.) Do not just clip the monitor to your sleep clothes. A semi-snug shirt or t-shirt with a pocket (eg. Hanes; Fruit-of-the-Loom) works best to avoid shifting of the monitor, reading errors, and sleep disruption. The monitor is now ready for use during sleep. If arrangement of the monitor in the pocket takes too long, simply hold in the button to reset to zero and go back to hour one (1).
6. In the morning, please immediately record your reading totals, average and per hour. The total is the number seen on waking; pushing the button will reveal the average and hourly numbers. Once you have written your numbers on the monitor sheet, please hold down the button to clear all readings, and remove the battery.
7. If you have worn your sleep appliance, now is the time to do your morning jaw (joint)-seating exercises or use the jaw-seating (Finkel) appliance for 8-10-12 minutes until your back teeth fully hit.

If exercises: Place your elbow on a stable surface such as your knee or a table, with your palm on your chin so that your elbow, palm, chin and ear form a straight line, with teeth apart; gentle push your chin (jaw) back to your ears for 8-10-12 minutes until your back teeth fully hit when you gently bang your teeth together. The jaw must be pushed back toward the neck/ears, and the chin tilted downwards until:

- a) The angle of the arm is straight back to the neck.
- b) Increased pressure is felt in the ears, muscles and jaw joints.
- c) The jaw suddenly “clunks” backward and loses the ability to coordinate speech and form words.

Maintain this angle and pressure for 10-15 minutes until the back teeth can easily fully hit.

If appliance: using your fingers, push your jaw back for 30 seconds then clench moderately into the appliance as you start your day (shower, dress, etc.) Continue clenching for several seconds, 5-6 times per minute, for 15 minutes until, upon appliance removal, your back teeth fully hit when you gently bang your teeth together.

8. Please always bring the monitor, appliance and up-to-date monitor sheet to your appointments. An appointment without your appliance and monitor sheet with up-to-date readings is a waste of your time and ours as we require the numbers to evaluate your treatment progress.
9. Your account will not be charged for the monitor if it is returned and maintained properly. There will be a charge for repair or replacement of any monitor not returned on time, working properly and undamaged.
10. A full follow-up sleep study with your sleep physician will be recommended and indicated once your Oral sleep appliance position has been finalized.

Robert A. Finkel, DDS, MAGD

Sleep Disordered Breathing Appliance Use and Care

1. Place the appliance in the mouth: Upper section to upper teeth and then lower section to lower teeth. If using elastics: You may place the sections together. Put on the elastics and then place the whole appliance together.
2. Expect extra salivation and drooling with the appliance; this will decrease over time but may persist to a minor degree. A towel on your pillow may help.
3. Your sleep monitor will be used 3 days first, with no appliance, to obtain your baseline readings.
4. In your titration (adjustment) period: Always use the monitor and appliance together to help find your appliance's best position for your breathing, joints, and muscles.
5. Our goal is to bring your monitor readings as low a possible, averaging below 10 and ideally below 5.
6. Titrating (adjusting) your appliance is done slowly, over time, to allow your joints and muscles to adapt. Adjust 1 turn/swing (90°):
___a) once every 3 nights or ___b) once every 2 nights or ___c) once every night
until your readings start dropping into the below -10 or below -5 range. If not specified, ask us how often to adjust.
7. If you have questions or problems, make certain you have faxed, sent or brought us the monitor sheet with up-to-date readings, then ask. Often, faxing your up-to-date sheet and calling us for an answer can save you an office visit. Without these monitor numbers, we cannot answer your questions or evaluate your treatment results and your visit may be wasted.
8. All forward adjustments are in the direction of the arrow(s). If right and left: one side aims (swings) up; the other side aims (swings) down. One "swing" of the key, if using one, is one adjustment.
9. **Appliance Care**
 - a. Place the appliance in at nights when going to sleep; Fluoride Gel in appliance (sparingly); one (small) drop per tooth. (After brush, floss, and fluoride of the teeth)
 - b. Remove the appliance every morning.
 - c. Brush the appliance with a soft toothbrush with liquid soap or mouthwash (no toothpaste). Every 2-3 days, let it soak in a denture bath with one denture cleaning tablet for 20 minutes (while washing, showering or dressing). If your appliance has metal parts, use a denture soak that is "Safe for Metal" or "Safe for Partials".
 - d. Remove it from the denture bath, rinse, and store in clear cool water during the day.
 - e. Never clean the appliance in the washing machine, dryer, dishwasher or in hot water.
 - f. Please keep this (and all other oral appliances) away from pets (cats and dogs). Pets love the smell and taste of your oral appliances and will even climb to reach them. These appliances can easily be chewed up and destroyed by the pet. Any cracks in or breakage of your appliance should be reported to us for repair as soon as possible.
 - g. Please inform us immediately if any adjustments are needed or if anything prevents wear of the appliance. Lack of wear (for any reason), even for a short time, will allow normal shifting of the teeth. You may then not be able to wear the appliance and your investment may be wasted. Any cracks in or breakage of your appliance should be reported to us for repair as soon as possible.

10. Please do not soak the cannula.

11. Each morning after wearing your sleep appliance, upon waking, for your oral health, you must use either your jaw-seating exercises or the jaw-seating appliance:

If exercises: Place your elbow on a stable surface such as your knee or a table, with your palm on your chin so that your elbow, palm, chin and ear form a straight line, with teeth apart; gently push your chin (jaw) back to your ears for 8-10-12 minutes until your back teeth fully hit when you gently bang your teeth together. The jaw must be pushed back toward the neck/ears, and the chin tilted downwards until:

a) The angle of the arm is straight back to the neck.

b) Increased pressure is felt in the ears, muscles and jaw joints.

c) The jaw suddenly “clunks” backward and loses the ability to coordinate speech and form words.

Maintain this angle and pressure for 10-15 minutes until the back teeth can easily fully hit.

If appliance: using your fingers, push your jaw back for 30 seconds then clench moderately into the appliance as you start your day (shower, dress, etc.) Continue clenching for several seconds, 5-6 times per minute, for 15 minutes until, upon appliance removal, your back teeth fully hit when you gently bang your teeth together.

12. The goal of using the A.M. Positioner is to help maintain your natural (pre-treatment) bite relationship. It is made in your normal bite and will help guide your jaw back to its normal biting position. This is done to counter-act the jaw joint changes that would otherwise occur from your sleep appliance opening your jaw down and forward.

During the first five minutes, close your teeth gently into the positioner. After that, close and clench more firmly into the positioner, 5-6 times per minute, for 15 minutes until your back teeth can fully hit when you bite.

After using the positioner for 15 minutes, you should feel the bite return to normal and your back teeth fully hitting. If not, please contact our office.

13. Care of the A.M. Positioner:

- Clean the A.M. Positioner daily with a toothbrush, cool water, and if desired, liquid soap or mouthwash.
- Once weekly clean the positioner with a denture soak in cool/cold water
- Store your positioner daily in its case in clean, cold, water

Do not place your A.M. Positioner in hot or warm water: This will warp, melt or destroy it.

14. Each night, prior to brushing and flossing your teeth, please verify that your back teeth hit normally and evenly. If not, or if you note any other bite changes or tooth spacing changes, please contact us right away.

Patient _____

Page # _____

Date
 Baseline No appliance--- **With appliance (place * for titration/adjustment)**

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24
Average																							
Hour 1																							
Hour 2																							
Hour 3																							
Hour 4																							
Hour 5																							
Hour 6																							
Hour 7																							
Hour 8																							
Hour 9																							
Total																							

No appliance---

Is there an * where the appliance was adjusted? _____

Is there a "-" where moved backwards? _____

Is anything hurting or making appliance not wearable? _____

Is the appliance working? _____

Is the monitor working? _____