

Oral Appliance Trial

Patient

Name

Address

State

Tel (H)

WERNER, Mr
7 Riverside Avenue
Woolfenden Park, VIC
3090

FHC NO: 10311

DOB: 14/10/1974 M/C: 3

Ref: Mr D

es Prov: 4

On: 30/04/14 for 3 months

Request for

 Trial for oral appliance 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)

Severe OSA → intolerant
CPAP therapy

Sleep Study Results (if applicable)

Diagnosis: Mild / Moderate / Severe (please circle)

RDI / AHI =

Referred by

Name

DR.
RESP
SU

Tel

Email

PG: 920

Address for reports

PROVIDER:

Locations

City: Level 3, 227 Collins Street
Melbourne, VIC 3000

Contact

T: 1300 101 505
F: 03 9011 6231

Clinicians

Dr Harry Ball
BDS, LDS, (Helm) M. Counsel.