SomnoDent Referral Form

DENTAL SLEEP MEDICINE SPECIALIST
Dr Peter Collins, BDS(Uni.Syd.).
SomCentre Level 3, 20 Clarke Street, Crows Nest, 2065, NSW

SomCentre

Patient details:

Name: Date of birth:

Address:

Contact number:

Somnodent mandibular advancement device prescribed to treat:

☐ Snoring ☐ Mild OSA ☐ Moderate OSA ☐ Severe OSA

Current sleep study:

☐ Yes ☐ No ☐ Attached

Therapy comments:

☐ Patient requires SomnoDent as first line of treatment.
☐ Patient is unable to tolerate CPAP
☐ Patient will undergo combination therapy with CPAP and SomnoDent
☐ Patient requires a treatment sleep study after titration completed

Symptoms:

☐ Snoring ☐ Restless sleep ☐ Waking with headache
☐ Insomnia ☐ Irritability ☐ Daytime lethargy / sleepiness
☐ Weight gain ☐ Cognitive impairment ☐ Witnessed apneas / nocturnal gasping / choking

Relevant medical conditions:

☐ Hypertension ☐ Cardiac failure ☐ Stroke / TIA ☐ Overweight
☐ Pacemaker ☐ Type II diabetes ☐ Atrial fibrillation ☐ Family history of OSA
☐ Clinical history ☐ COPD ☐ Other:

Referring doctor:

Referring Dr name: Practice name:

Address (for correspondence):

Phone: Email:

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Make an Appointment

Call: (02) 9467 0400 Email: reception@somnomed.com

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Please remember to bring this request form and any relevant medical documents to your appointment.