

**DENTI**TRAC®



  
**SomnoMed**®  
The Leader In COAT™  
(Continuous Open Airway Therapy)

## DENTI TRAC REFERRAL FORM

### SomnoMed Sleep Apnoea Appliance with DentiTrac Compliance Recorder.

**To:** *Dentist Name:* \_\_\_\_\_ *Practice Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Postcode:* \_\_\_\_\_  
*Phone Number:* \_\_\_\_\_

**From:** *Sleep Physician Name:* \_\_\_\_\_  
*License /Serial Number* \_\_\_\_\_  
\_\_\_\_\_

Please construct and fit a SomnoMed Oral Appliance fitted with DentiTrac Compliance Monitoring Recorder for the following patient.

#### **Patient Details:**

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Gender \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
State (of Residence) \_\_\_\_\_  
Prescribed Daily Use \_\_\_\_\_

*Physician Copy    Copy to Dentist    Copy to SomnoMed*