Southland Dental Choice
302, 10601 Southport Rd SW
Calgary, AB T2W 3M6
Phone: (403) 271-9100 Fax: (403) 271-9198
Email: info@southlanddentalchoice.ca
southlanddentalchoice.ca

Dr. Dwayne Kowalchuk
DMD, BSc
Dental Sleep Medicine

Sleep Consult and Recommendation for Oral Appliance Therapy

Patient Information

Patient Name: _____ DOB: _____ Gender: _____

Phone #: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Reason for Referral: [ ] Screening for Sleep Disordered Breathing

[ ] Oral Appliance for the Treatment of OSA/UARS/Primary Snoring

Diagnosis (if applicable)

[ ] Snorer

[ ] Suspected Obstructive Sleep Apnea

[ ] Obstructive Sleep Apnea Mild / Moderate / Severe

[ ] UARS

[ ] Failed Upper Airway Surgery

[ ] Restless Leg Syndrome or PLM

[ ] Other, please explain: _____

[ ] Insomnia

[ ] Fibromyalgia

[ ] Narcolepsy

**Please include diagnostic sleep study and interpretation with referral (if applicable)*

CPAP History

Has the patient tried CPAP? [ ] Yes [ ] No

If yes, reason for intolerance:

[ ] Unable to tolerate mask

[ ] Chronic sinus issues

[ ] Skin irritation/Dermatitis

[ ] High CPAP pressure

[ ] Patient may benefit from combination: CPAP + Oral Appliance

[ ] Other: _____

Referring Provider

Referring Doctor: _____ Phone #: _____

Signature: _____ Date: _____

Additional Comments: _____