

Left Lateral Excursive: _____mm
 Maximum Protrusion: _____mm
 Overjet: _____mm
 Overbite: _____mm
 Angle Class Right: I II III
 Angle Class Left: I II III
 Cross-bite: R L Anterior Posterior
 Position of Mandibular Midline: _____mm to Right Left
 Wear Facets on Dentition: None Mild Mod Severe
 Abfraction: _____
 Gingival Recession/pocketing: _____
 Tooth Mobility: _____
 Open interproximal contacts: _____
 Dental arch width: _____
 Tongue constriction: _____
 TMJ Evaluation: _____
 Tenderness to TMJ Palpation: _____
 Tenderness to Muscle Palpation: _____
 Neck Size: _____ inches
 Panoramic x-ray results: _____
 Cephalometric x-ray results: _____

Discussed mechanism of snoring and obstructive sleep apnea with patient.
 Discussed treatment options and limitations, benefits, risks and reasonable expectations of each treatment option and no treatment.
 Discussed probability of success with oral appliance therapy and potential side effects.

Patient will pursue:

- A referral to sleep medicine physician
- A referral for an overnight sleep study
- Home testing involving _____ test
- Other: _____

If already diagnosis with OSA patient will pursue:

- Oral appliance
- CPAP
- Surgery involving _____
- Other: _____



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Pretreatment: Step 2

Sleep Solutions: Three Easy Steps

Pretreatment Charting

Suggest the patient be evaluated for a potential sleep disorder. Once diagnosed, you can prescribe an intraoral appliance.

DENTAL CRAFTERS



Pretreatment Charting

Patient: _____ Date: _____ DOB: _____

Past Medical History: _____

_____ BP = _____ / _____

History of Previous Sleep Disorder Eval

Previous med/dent evaluation Yes No Date _____ Dr's Name: _____

Previous testing (PSG) Yes No Date _____

Diagnosis of OSA Date _____ Dr's Name: _____

AHI = _____ events per hour

OSA is Mild Moderate Severe

Previous treatment Yes No

If yes, treatment type: CPAP Oral appliance Weight loss

Epworth Sleepiness Score: _____

Interpretation:

0-9 - average score, normal population

10 - 24 - sleep specialist advice recommended

Daytime Drowsiness

Refreshed/unrefreshed upon waking: Yes No

Effects daily activities: Yes No

Cognitive impairment: Yes No

Motor Vehicle Accident or near misses: Yes No

Additional Information

Hours of sleep per night: _____

Reported height and weight: _____

Recent changes in weight: Loss Gain Pounds _____

Caffeine intake: Amount per day (e.g. cups of coffee or cans/bottles of soda) _____

Nasal congestion: Yes No

History of TMJ noise, jaw pain, headaches: _____

Usual Sleep Position: Snoring in all positions Only on back

Tongue Size:



I (Low)
Top of tongue at the occlusal plane



II (Median)
Top of tongue moderately above occlusal plane



III (High)
Top of tongue markedly above the occlusal plane

Soft Palate:

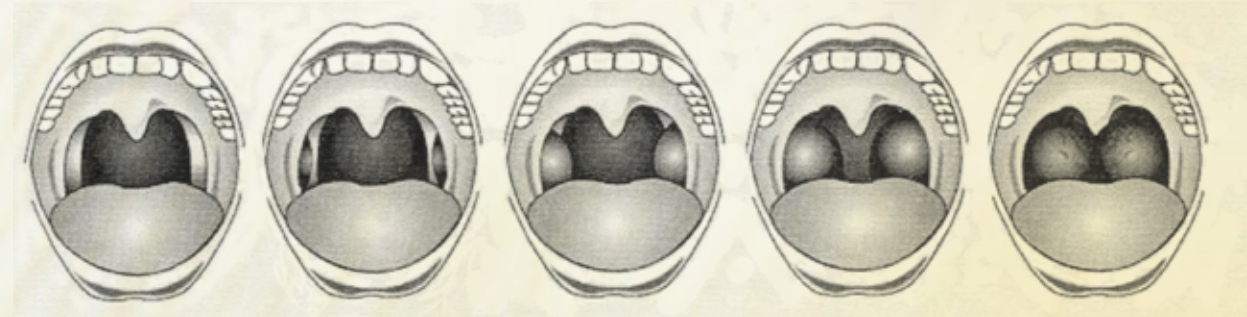
- Firm Loss of tone Appears to obstruct airway
- Redundant lateral pharyngeal tissue Within normal limits

Uvula:

- Elongated Absent Edematous Enlarged
- Obstructs airway Within normal limits

Tonsil Grade:

- Present Absent Obstructive Purulent



Grade 0 Absent

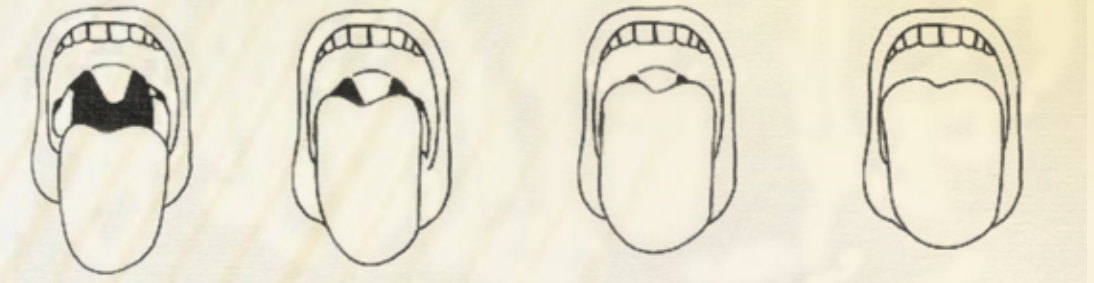
Grade 1 Small within the tonsillar fossa

Grade 2 Extends beyond the tonsillar pillar

Grade 3 Hypertrophic but not touching in midline

Grade 4 Hypertrophic and touching in midline

Mallampati Classification:



Class I Class II Class III Class IV

Ridging on Buccal Mucosa:

- Mild Mod Severe

Scalloping of Tongue:

- Mild Mod Severe

Mandibular ROM: _____mm

Right Lateral Excursive: _____mm