



Allegheny  
Dental  
Sleep  
Center

1301 Grandview Ave, Suite 200  
Pittsburgh, PA 15211  
(412) 315-7934 FAX: (412) 315-7158

### Referral Prescription for Oral Appliance Therapy

- CPAP Intolerance
- Positive medical history: snoring, sleepiness, observed apnea
- Positive clinical findings: obstructed upper airways, large neck size, obesity, and high blood pressure
- Inadequate surgical results

You will be continually updated on the progress of the oral appliance therapy.

Referring dentist [Please  
Print] \_\_\_\_\_

Dentist phone \_\_\_\_\_ Fax number \_\_\_\_\_

Pending dental work that you need to complete:

Comments:

Dentist  
Signature \_\_\_\_\_ Date \_\_\_\_\_