

DENTAL SLEEP MEDICINE

ORAL APPLIANCES FOR SNORING AND APNOEA

DR MICHELLE DONEGAN

BDS (Hons) MRACDS (PDS) FDSM

EXPERTISE IN MANDIBULAR
ADVANCEMENT SPLINTS

Patient Referral

Patient Name _____ **Date** _____

Date of Birth _____ **Email** _____ **Phone** _____

Patient Address _____

Dear Dr Donegan,

Please kindly assess and manage:

- ☐ Snoring
- ☐ Oral appliance for mild to moderate apnoea (OSA)
- ☐ Oral appliance for severe apnoea (OSA)
- ☐ CPAP / MAS combined therapy
- ☐ Bruxism / Sleep bruxism
- ☐ Temporomandibular Joint Dysfunction (TMD)
- ☐ Repair / Replacement of device

AHI _____

BMI _____

ESS _____

SpO₂ _____

Neck _____

CPAP non-compliant ☐ Yes ☐ No

Currently using biteguard ☐ Yes ☐ No

☐ Valid Concession Card

Notes

Yours Sincerely,

Referring Doctor _____ **Provider No.** _____

Address _____

Phone _____ **Fax** _____ **Email** _____

Signature _____ **Date** _____

Woolcock Clinic

2 Innovation Rd, Macquarie Park NSW 2113

Eastern Suburbs

1 Magney St, Woollahra NSW 2025

SouthWest Cardiorespiratory

90 Podium Way, Oran Park NSW 2570

Penrith

28 Derby Street, Kingswood NSW 2747

- ☐ CC Letter to GP
- ☐ Refer back for sleep study, MAS in Situ

SYDNEYSLEEP.COM.AU
INFO@SYDNEYSLEEP.COM.AU

Opening hours
5 days, Mon-Fri
Closed public holidays
ABN: 470 569 132 87



Scan to make an
appointment