

Patients Name: _____

TAP Consult

- Pt referred by_
- Copy of Sleep Study
- Prescription
- Letter of medical necessity
- Sleep study (RDI)_
- OSA severity- mild –moderate- severe
- Patient snores- yes or no
- Patient has EDS- yes or no
- Patients oxygen saturation drops below 90% so use pulse ox
- Oral cancer screening negative or positive
- Eight or more healthy teeth in each arch to support appliance
- Large scalloped tongue-Tongue normal
- Worn Teeth- yes or no
- Malampati score- 1 - 2 - 3 - 4
- Jaw classification- 1 - 2 - 3 - 4
- Increased overbite
- TMJ – Normal or abnormal
- Muscles of mastication
- Nasal Patency
- Max. protrusion +_mm
- Max. retrusion +_mm
- Mandibular range of motion
- Patient read consent treatment of sleep disordered breathing form, had no questions and signed form.
- Treatment plan presented
- Treatment plan signed
- Baseline pulse ox study