

# Michigan Dental Sleep Center, Inc.

4279 W. Vienna Rd.  
Clio, MI 48420

Phone: (810) 659-1721 Fax: (810) 659-0897  
MichiganDentalSleepCenter@gmail.com

## Dentist Order for Oral Appliance Therapy

Please fax **completed form**, and **all related diagnostic testing** (Full series x-rays, Panorex, etc.) to (810) 659-0897. We cannot schedule your patient without this information.

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (Street, City, State, Zip) \_\_\_\_\_

### PROVIDER INFORMATION

Referring Dentist: \_\_\_\_\_

NPI#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*What is your patient's current periodontal health?** \_\_\_\_\_

**\*Please let us know if the patient has any planned treatment scheduled or needed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*When was patient's last PANO taken?** \_\_\_\_\_

Please fax this slip along with any planned dental treatment  
and current x-rays prior to consultation.

**THANK YOU!**

[www.MichiganDentalSleep.com](http://www.MichiganDentalSleep.com)

Website Form