INFORMED CONSENT FOR ORAL SLEEP APPLIANCE TREATMENT

I (Patient Name) _____herby authorize Dr. _____ (herein called Doctor) to perform Oral Sleep Appliance Treatment on myself.

You have been diagnosed by a sleep physician as requiring treatment for sleep-disordered breathing (snoring and/or obstructive sleep apnea). This medical condition may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels that may result in excessive daytime sleepiness, irregular heartbeat, high blood pressure, heart attack or stroke.

What is Oral Appliance Therapy?

Oral Appliance Therapy for snoring/obstructive sleep apnea assists breathing during sleep by keeping the tongue and the lower jaw in a forward position. Oral Appliance Therapy is preferred by many patients and is effective treatment, however it doesn't work for everyone. For those that can be effectively treated with an oral appliance, it is important to recognize that there may be a period of time before the appliance functions maximally. During this time, you may still experience the symptoms related to your sleep disordered breathing. If you are medically diagnosed as having obstructive sleep apnea, a follow-up sleep study is recommended, after your oral appliance if fitted, to confirm this treatment is effective.

Side Effects and Complications of Oral Appliance Therapy

Published studies show that Oral Appliance Therapy may result in short-term side-effects which can include increased salivation, difficulty swallowing with the appliance in place, sore jaw, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth, and short-term bite changes. There are also reports of the dislodgement of ill-fitting dental restorations. Most of these side-effects are mild and resolve quickly on their own, or with minor adjustments of the oral appliance. Long-term complications may include permanent bite changes, which result from tooth movement and/or joint repositioning. These complications may or may not be fully reversible once Oral Appliance Therapy is discontinued. If not, restorative treatment or orthodontic intervention may be suggested in certain cases for which you will be responsible.

Follow-up Visits and Testing

Follow-up visits with your Oral Appliance Therapy provider are mandatory to ensure your appliance continues to fit well and to maintain optimal oral health. If you experience unusual side-effects from your oral appliance, or if pain medication is required to control your discomfort, it is recommended that you stop using the appliance until you are evaluated by your provider.

Alternative Treatments for Obstructive Sleep Apnea

Other accepted treatments for sleep-disordered breathing include lifestyle modifications, continuous positive airway pressure (CPAP) and surgery. You have decided to use Oral Appliance Therapy to treat your sleep-disordered breathing and you are aware that it may or may not be an effective treatment. It is your responsibility to report the occurrence of side-effects, and to address any questions that you may have with your provider. Failure to treat your sleep-disordered breathing may increase the likelihood of significant medical complications.

Acknowledgement of Understanding and Consent for Treatment

I acknowledge that the Doctor is a general dentist who has received post-graduate training in the field of Sleep Apnea Dentistry.

I have read this entire form and understand everything explained in it. I have had the opportunity to ask the doctor about any questions I may have about the treatment, the risks of treatment, the alternative treatment methods and the substantial risks of the alternative treatment methods. I accept all financial responsibility and acknowledge there is no refund for treatment performed regardless of the outcome. The doctor has answered all my questions. I authorize Dr. _____ and whomever they may choose as their assistants to perform the proposed Oral Sleep Appliance treatment.

Signature of Patient _____ Date _____

Signature of Dentist _____ Date _____