



Dental Devices for snoring and sleep apnea  
Dr Michelle Donegan BDSc (Hons)  
Dental Surgeon, Sleep Dentist

Tel: (02) 9419 5051  
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### Patient Referral

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Dear Dr Donegan,

I refer my patient for consultation/management of:

- Snoring and Obstructive Sleep Apnoea (OSA) with a Mandibular Advancement Splint (MAS)
- MAS therapy for Mild or Moderate OSA
- TMD
- Bruxism / Sleep Bruxism
- Primary Snoring
- CPAP non-compliant
- CPAP/combined therapy or alternative
- Broken Device/ existing splint unsatisfactory

#### Notes

Yours Sincerely,

Signature \_\_\_\_\_

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

Referring Doctor \_\_\_\_\_

Provider No \_\_\_\_\_

Address \_\_\_\_\_

Inner West      431 Glebe Point Rd, Glebe NSW 2037  
Eastern suburbs   1 Magney Street, Woollahra NSW 2025  
North Shore      17 Gerard Street, Cremorne NSW 2090

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