

**Address Form
for Oral Appliance
Evaluation Questionnaire**



Dr. Frank Barbieri
HILTON HEAD / BLUFFTON

Dr. Alan Barbieri
GREATER CHARLESTON

Obstructive sleep apnea is a multidisciplinary disease. In Order that we may fully communicate with the other doctors and dentists you have chosen it is very **IMPORTANT** for your care that you please fill out the following:

PATIENT INFORMATION: NAME: _____ DATE: _____

DOB: _____ MALE: _____ FEMALE: _____ HEIGHT _____ WEIGHT: _____ BMI _____

Primary Care Physician: _____
Office Telephone: _____
Office FAX: _____
Office Address: _____

Sleep Physician's Name: _____
Office Telephone: _____
Office FAX: _____
Office Address: _____

General Dentist's Name: _____
Office Telephone: _____
Office FAX: _____
Office Address: _____

Specialist Name: _____
Office Telephone: _____
Office FAX: _____
Office Address: _____