



## Doctor Referral

Dr. Darrell Morden, DDS, MSc, BSc, ABDASM  
American Academy of Dental Sleep Medicine  
Phone: 403-242-5777 Fax: 403-242-5855

General Dentist

westcalgarydentalgroup.com

Referral for Oral Appliance Therapy for Obstructive Sleep Apnea

## Patient Information:

Patient Name:

Address:

Address Line 2:

City:  Province:  Postal Code:

Best Phone:  Email:

Date of Birth:  Gender: ☐ Male ☐ Female

MM / DD / YYYY

Alberta Health Care Number:

## Referring Doctor:

Clinic Name:

Physician or Dentist Name:

Address:

Address Line 2:

City:  Province:  Postal Code:

Phone:  Fax:

Email:

Signature:



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## Patient History:

Sleep study completed?

☐ Yes ☐ No

Will patient bring sleep study results?

☐ Yes ☐ No

Study Diagnosis:

Has patient tried CPAP?

☐ Yes ☐ No

Comments:

Reason(s) for this consultation

- ☐ Oral appliance therapy / CPAP alternative
- ☐ Dental examination of established CPAP patient

**All referral submissions are encrypted for your privacy**