HomeSleep DENTAL

Dental Chairside Screener

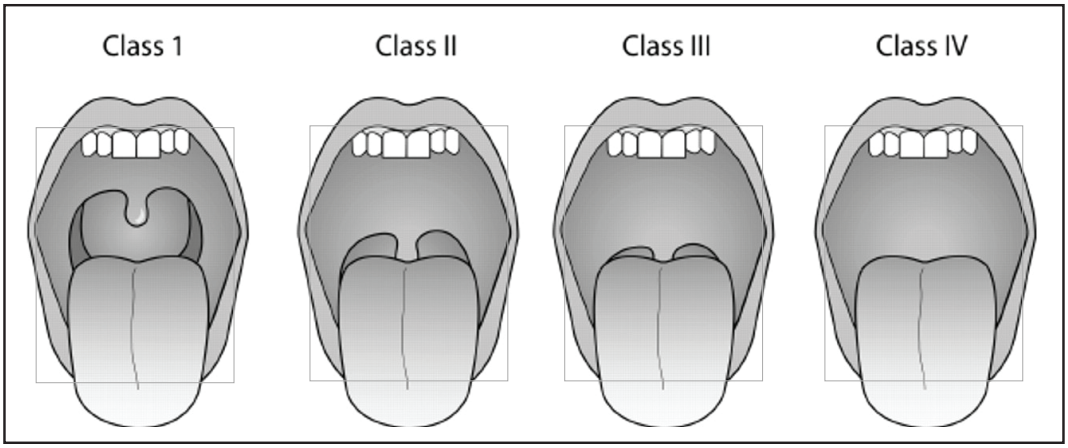
FAX COMPLETED FORM TO 855-967-1112

TO BE COMPLETED BY A DENTAL PROFESSIONAL DURING AN OFFICE VISIT

Does the patient have any of the following (check all that apply):

OBESITY (BMI>25)	YES ◯	NO ◯
LARGE NECK SIZE Men >17" or Women >16"	YES ◯	NO ◯
GERD	YES ◯	NO ◯
NOCTURIA	YES ◯	NO ◯
ENLARGED TONSILS	YES ◯	NO ◯
ENLARGED TONGUE	YES ◯	NO ◯
ENLARGED UVULA	YES ◯	NO ◯

What does the patient's airway look like (select one)?



**A greater number of positive answers and/or a class III or IV airway make it more likely that the patient has obstructive sleep apnea.*