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Re: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

I recently saw for examination our mutual patient, \_\_\_\_\_. \_\_\_\_\_ suffers from excessive nighttime bruxism and clenching. She presented with discomfort in her TMJ and muscle of mastication and complaints of loud snoring.

A complete muscle palpation and oral examination was completed and a bruxism oral device was recommended, but because of her complaints of (snoring, grinding, bruxism, orofacial pain) I recommended an unattended at home bruxism/sleep study utilizing a STATDDS home bruxism/sleep monitor. DDME device. This device is a Level III medical sleep monitor and has an EMG monitor for the masseter muscle to record the nighttime activity.

The study results were read and interpreted by \_\_\_\_\_, a board-certified sleep physician.

The complete report and his diagnosis of bruxism and OSA is included for your review.

Having been informed of all treatment options, including CPAP, surgery, lifestyle changes, and oral appliance therapy, \_\_\_\_\_ would like to treat her bruxism and OSA with an oral appliance, since she also needs to wear a bruxism appliance for the severe muscle activity of the masseter.

I would like to request from you an order for an oral appliance for the treatment of \_\_\_\_\_'s OSA and bruxism. A written prescription is attached for your convenience. If you could please authorize the appliance order and fax it back to FAX NUMBER. I would greatly appreciate it.

Thank you for your cooperation and I will keep you updated on the progress of our mutual patient \_\_\_\_\_. Please feel free to contact me or my office if you should have any questions or concerns.

I look forward to working with you.

Sincerely,

Dr. \_\_\_\_\_

Provided by:

**AAFE SLEEP**  
A Collaboration of the AAFE and STATDDS