

# Consent for Oral Appliance Therapy

## Consent, Communication, Dental Care

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

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

I understand that this consent for treatment only applies to "oral appliance therapy". I understand that if the dentist treating me is not my established dentist, this consent for treatment does not apply toward nor is this dentist responsible for any separate dental related problems or required dental work that may have existed or may be needed prior to beginning oral appliance therapy. I consent to the taking of photographs and x-rays as part of treatment. I understand a follow-up sleep or oximetry study is an industry standard to objectively assess treatment.

### Sleep Apnea & Oral Appliance Therapy

Sleep apnea is a sleep disorder defined by pauses in breathing or shallow breathing during sleep. Diagnosis should be made by a medical professional following a sleep study. CPAP (continuous positive airway pressure), oral appliance therapy, and surgery are common forms of treatment. Symptoms may include snoring, excessive daytime sleepiness, morning headaches, weight gain, and pauses in breathing for moments at a time during sleep. Untreated sleep apnea has been linked to higher risk of heart arrhythmia, high blood pressure, heart attack, stroke, depression, and accidents. The oral appliance is a device placed in the mouth similar to a mouth guard and worn at all times during sleep to maintain an open airway. It is not a cure for snoring or sleep apnea, rather a treatment that must be maintained. Custom made oral appliances cannot be returned or reused for another patient, therefore delivery is final. However, ongoing fitting, adjustments, modifications can be made to achieve better comfort and improvement in symptoms. Treatment for obstructive sleep apnea may also involve physical examinations, radiographs (x-rays), a series of follow up adjustments, an efficacy sleep study, and recall exams. A morning re-positioner may also be provided to re-align the jaw after wear of the appliance and can help prevent TMJ symptoms. Instructions on use and care will be provided during the delivery appointment.

### Alternatives & Potential Side-Effects

Other accepted treatments may include behavior modification, weight loss, CPAP, and surgery. You have chosen oral appliance therapy to treat your particular problem and are aware that it may not be completely effective for you as CPAP for treatment of sleep apnea. Side effects may include excessive salivation, sore jaw joints including TMJ, sore teeth, movement in teeth, worsening of oral health, and a slight change in the "bite". However, these can be relieved by other methods recommended by the dentist. On a rare occasion, a permanent "bite" change may occur due to jaw joint changes and/or tooth movement. Generally, this can be prevented with modifications to the appliance. These complications may or may not be fully reversible once appliance therapy is discontinued. If not, restorative, orthodontic, and/or surgical treatment may be required for which you are responsible. Oral appliances can wear and break. It is important to follow all directions on care & use including avoidance of pets, children, heat, and hazardous materials/harsh liquids all that could potentially damage the appliance. The rare possibility that these or broken parts from them may be swallowed or aspirated exists. For patients with sleep apnea, the device must be worn nightly and/or at all times during sleep and treatment should not be discontinued unless consulting with the dentist or your physician.

#### *Consent Statement Must Be Checked*

I certify that I have read, or had read to me, the contents of this form. I realize and accept any risks and limitations involved, and do consent to treatment.

\_\_\_\_\_  
Signature of Patient or Representative

Patient or Representative Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Witness

Witness Name: \_\_\_\_\_

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