

## DENTIST INSTRUCTIONS MANDIBULAR ADVANCEMENT DEVICE

GENERAL DENTIST PLEASE READ:  
Important Information Regarding Future Restorative Care!

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_, your dental patient

\_\_\_\_\_, D.O.B. \_\_\_\_\_,

was referred to me for evaluation and treatment of his/her sleep disordered breathing. As you know, Obstructive Sleep Apnea is a serious health condition that greatly increases a person's likelihood of having a cardiovascular or cerebrovascular accident. Untreated, it can also prevent the adequate control of several other conditions, including diabetes, hypertension, obesity and Alzheimer's.

Your patient may have been unable or unwilling to use a CPAP, or may need his/her oral appliance in conjunction with CPAP therapy. **At this point, I have completed the delivery and adjustment of their Mandibular Advancement Device (MAD), and have instructed them to return to your office for all continued preventative and dental treatment appointments.**

Thank you for allowing me to participate in your patient's care. **All procedures are billed to the patient's MEDICAL insurance, and do NOT affect their annual dental benefits.**

### **POSSIBLE CHANGES IN OCCLUSION**

**Your patient has been thoroughly informed about the risk of permanent bite changes with this therapy.** I have fabricated a morning bite repositioner and have given them instructions on the importance of using it daily immediately after removing their MAD. **Please keep in mind that we are treating a life-threatening condition that can lead to cardiovascular disease, stroke and sudden cardiac death.** I have done all I can to ensure a stable bite. Being able to deliver oxygen to our patient's brain and cardiac muscle while they sleep must take priority over maintaining ideal occlusion. Consistent use of the bite repositioner is critical to minimizing the possibility of changes.

### **FUTURE RESTORATIVE TREATMENT**

**When placing a filling or a crown, it is IMPERATIVE that you utilize a proven protocol to ensure that the MAD continues to fit properly after the new restoration is placed. Please do NOT hope to simply "grind out the inside of MAD" afterwards! While that can sometimes work for a simple nightguard, any significant modification of an MAD may result in compromised retention. That could necessitate repairs or replacement, at the patient's considerable expense...and resulting unhappiness with your office! That can all be avoided by the protocol that follows...**

## **PROTOCOL FOR PATIENTS REQUIRING RESTORATIVE CARE**

1. Make a notation in the patient's chart and ask them to bring their MAD with them to any future restorative appointments. You may already do this for nightguards and partials.
2. **FOR FILLINGS**, consider making a pre-operative bite registration of the affected area before you prep. Adjust the filling under the bite registration until it seats completely and passively.
3. **FOR CROWNS**, consider using a thermoplastic wafer to make a detailed pre-operative record of the tooth. This is heated in a bowl of near boiling water and a mold made of the complete tooth, and partially including the teeth on either side. **Temp Tabs. 877-647-7639 AllDentalProdx.com.** Alternatively, you could make an accurate quadrant impression of the area pre-operatively or scan it if you have a digital impression capture system.
4. Include your preferred pre-op index with your final impressions and **indicate on the lab slip to make sure that they can completely and passively seat a pre-op index over the model with the new restoration in place.** For scanned impressions, instruct the lab to duplicate the pre-op contours.
5. When confirming the cementation appointment, remind them to bring their MAD with them. **If they forget, please do NOT simply seat the crown and tell them to call my office for any adjustments.** Typically, a slightly over contoured crown is the issue, not the MAD. I will not risk damaging your beautiful restorative work by adjusting it after cementation.
6. **FOR MINOR ADJUSTMENTS** to the internal of the MAD, use PIP paste to identify exactly where to adjust the restoration (preferred), or if necessary, the internal of the MAD.

If you have any questions, email me at [DrRich@SleepSolutionsNW.com](mailto:DrRich@SleepSolutionsNW.com), or call 253.236.5420. **I have limited my practice exclusively to the treatment of Sleep Apnea, Snoring and related TMJ issues.** If you would like additional brochures or business cards just give us a call and we will drop them in the mail. Should you find our office is closed when you call, you can reach me on my cell, 253-350-1345.

Most Sincerely,

**Stuart Rich, DDS, PS**

Diplomate of the American Board of Dental Sleep Medicine, the American Board of Craniofacial Dental Sleep Medicine and the Academy of Clinical Sleep Disorders Disciplines.