



Dental Questionnaire

Mandibular advancement splint (MAS) is an oral appliance that uses the upper jaw as an anchor to hold the lower jaw forward. In some instances, due to the prolonged forces on your teeth, these may cause changes to your dental bite. These changes generally do not affect the day-to-day function of your jaws. MAS is generally effective in controlling your snoring and managing mild to moderate sleep apnoea. To achieve an optimal outcome, it would be advisable to maintain good dental health and your MAS needs to be worn routinely and an annual review is recommended.

Please feel free to discuss any questions that you may have when you see the dentist at the initial consultation. Thank you.

Patient Name: _____

What outcome do you hope to achieve from this consultation?

Who is your regular medical practitioner?

Who is your sleep physician?

Who is your regular dentist?

Have you had a dental check up in the last 2 years?

Have you had orthodontic treatment (braces) previously? If so, when? ... have you used or do you currently use removable orthodontic retainers?

Do you play musical instruments such as wind/ brass instruments? If so, what instrument?

Your occupation?



1. Do you suffer from any of these conditions?		
• Heart problems such as heart attack, heart failure, or arrhythmia	Yes	No
• Stroke	Yes	No
• High blood pressure	Yes	No
2. Do you snore?	Yes	No
3. Has anyone ever witnessed you gasping in your sleep?	Yes	No
4. Do you suffer from daytime sleepiness?	Yes	No
5. Type 2 diabetes?	Yes	No
6. Reflux?	Yes	No
7. What is your weekly alcohol intake?	<hr/>	
8. Do you smoke (If yes, how many cigarettes per week)?	Yes	No
9. Do you suffer from nasal congestion?	Yes	No
10. How important is managing the snoring and sleep apnoea to you on the scale of 1 (least important) to 5 (very important)	<hr/>	

Patient Name: _____

Patient Signature : _____

Date :

Dentist Name: _____

Dentist Signature : _____

Date :



(SAMS) Mandibular Advancement Splint Consent Form

1. The Mandibular Advancement Splint (MAS) has been scientifically proven to be effective in treating snoring and mild to moderate Obstructive Sleep Apnoea (OSA).
2. For severe OSA, the gold standard treatment is CPAP. However, MAS can often be used effectively in such cases if the patient cannot tolerate CPAP. Due to the complex nature of sleep apnoea, it is not possible to predict its success for every individual.
3. Some minor transient side effects may initially occur when wearing a MAS including excessive salivation, dry mouth, sore teeth, irritation of soft tissues and sore jaw joints (TMJ).
4. Potential long-term complications of wearing the appliance include occlusal (bite) changes and tooth movement. These changes may be minor, sometimes beneficial, however, in some cases, a permanent bite change may occur, some requiring treatment.
5. To assist in minimising side effects, we recommend that you perform daily jaw exercises and use the morning repositioning device provided as per the instructions given to you by your dentist.
6. If you notice any unusual symptoms or side effects, you should cease using the appliance and contact your dentist immediately. MAS is not a set and forget device. Therefore, it is highly recommended you have this reviewed at least annually.
7. The majority of people find MAS comfortable. However, some patients may not be able to tolerate any device at all in their mouth. It must be worn each night properly to be effective.
8. As with any form of medical or dental treatment, unusual occurrences can and do occur. These may include loosened teeth or dislodging fillings or crowns, sore mouth or gum irritation, non-vital teeth and muscle spasms. It is important that you maintain a healthy set of teeth during MAS therapy as the success of MAS builds on a good dental foundation.
9. Other accepted form of treatment for snoring and OSA that should be considered by sufferers include lifestyle changes (eg weight loss), behavioural modification, continuous positive airway pressure (CPAP) and surgical procedures.

Patient Name: _____

Patient Signature : _____

Date :

Dentist Name: _____

Dentist Signature : _____

Date :

