



# Steve Lipinski DDS

Diplomate, American Board  
of Dental Sleep Medicine

## Referral / RX Form

Date of Prescription: \_\_\_\_\_

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

DOB: \_\_\_\_\_ PH: \_\_\_\_\_

Patient E-mail: \_\_\_\_\_

Oral appliance Type: Custom made Mandibular Advancement  
Device (MAD)

Used to reduce Upper Airway Collapsibility; Adjustable or  
non-adjustable; includes fabrication, fitting, adjustment, and  
follow-up; lifetime usage.

Combination Therapy: Custom fabricated MAD used with  
CPAP, combination therapy.

Doctor's Signature: \_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_

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