



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.

Physician's Signature: _____

Physician's Printed Name: _____

T: 289.834.3560 | lovemysleep.ca | F: 855.395.0788

Oakville | Mississauga | Etobicoke