



**Steve Lipinski DDS**

Diplomate, American Board  
of Dental Sleep Medicine

## Referral / RX Form

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

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

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

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: \_\_\_\_\_