



Oral Sleep Appliances, LLC

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Custom Oral Appliance—Obstructive Sleep Apnea(OSA)

You are receiving a custom night time oral appliance. The purpose of the appliance is to reduce and/or eliminate obstructive sleep apnea. It is understood that there is no guarantee of success due to the variations in patient response. Some patients will adjust immediately to wearing the appliance at bedtime, and others will require a few attempts until they are comfortable. It is not uncommon to have some muscle soreness the first few nights of wearing the appliance. If this does not improve, please contact the office immediately. It is understood that there is no guarantee that you will become comfortable wearing the appliance.

Prior to appliance fabrication, you will be pre-approved for insurance coverage by the Sleep Wellness Center in Pottstown, PA. Upon approval, the appliance and associated office visits will be covered less any deductible. The deductible is due at the appliance impression appointment. The appliance impression appointment will take place at: 491 Allendale Rd, suite 312, in King of Prussia, PA. The appliance will be delivered at the Sleep Wellness Center. If you are not approved, then the cost to you for the appliance and associated office visits will be \$1500.00. The appliance is guaranteed for materials and workmanship for 6 months from the date of delivery. It is understood that any dental work resulting in a change in tooth anatomy will adversely affect the fit of the appliance. It is recommended that all major dental work (crowns, bridges, implants, fillings, etc.) be addressed before fabrication of the appliance. If an appliance needs to be replaced outside of the warranty period or for poor fit, the fee will be the going replacement cost fee at the time of replacement.

The custom oral appliance does not cure OSA and can only be effective when worn. Because of the long term nature of the appliance, it is reasonable to assume that it will need replacing every 3-5 years. This schedule will vary from patient to patient. Because of the long term nature of the appliance, there are reports in the literature of possible changes in the bite over time. While typically of minor consequence, the baseline set of records taken at the initial appliance impression appointment will be used to assess bite changes if needed.

When not being worn, the appliance should be stored in a protective case provided at the time of appliance delivery. The appliance should be brushed and/or soaked in a clear antibacterial rinse or denture cleaner to keep it hygienic. Make sure the teeth are clean prior to seating the appliance each night. Trapping sugars against the teeth while wearing the appliance can lead to dental decay and gum disease.

Your signature below indicates that you have read and agree to the terms stated above, and that you have had the opportunity to have any questions or concerns resolved.

Patient Name

Date