

Patient Refuses Final PSG, HSAT, Physician evaluation after OAT

I do hereby agree with the following:

1. My Sleep Disordered Breathing (SDB) has been treated with a Mandibular Advancement Splint (MAS). My Dental Sleep Dentist has been successful in resolving the symptoms of SDB that I had presented with.
2. The MAS is comfortable and I am wearing it throughout the night and wearing it every night.
3. My Dental Sleep Dentist has reviewed the Home Unattended Sleep Study with me.
4. My Dental Sleep Dentist has recommended that I return for an in-lab sleep study (NPSG), Home Sleep Study or physician follow up visit, but I have declined the referral.
5. I have been informed of all the possible risks of not doing a NPSG.
6. I will have my Dental Sleep Dentist monitor my SDB condition on a yearly basis and I will inform the office of any return of any symptoms or any side effects of the MAS such as changes in the bite.
7. Therefore, I release the doctors and staff at (*practice name*) and (*practice name*) from any and all liability associated with my treatment and I personally assume all risks associated with my care. I hereby agree to indemnify and hold the doctors and staff at (*practice name*) and (*practice name*) harmless for any issues or damages that might result from my sleep apnea treatment and from my refusal for a final PSG by a Sleep Boarded Sleep Physician.

Signed: _____ Date: _____

Print name: _____

Witness: _____