



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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