



## Hoye Dental

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### **INFORMED CONSENT FOR ORAL APPLIANCE USE FOR THE TREATMENT OF SLEEP DISORDERED BREATHING**

Oral appliance therapy for snoring/obstructive sleep apnea assists breathing by keeping the tongue and jaw in a forward position during sleep. Oral appliance therapy has effectively treated many patients. However, there are no guarantees that it will be effective for you, since everyone is different and there are many factors that influence the upper airway during sleep. It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance functions maximally. During this time you may still experience the symptoms related to your sleep disordered breathing. If you are medically diagnosed as having sleep apnea, a follow-up sleep study to objectively assure effective treatment is to be obtained from your physician after the oral appliance is optimally advanced.

Published studies show that short term side effects of oral appliance use may include excessive salivation, difficulty swallowing with the appliance in place, sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth and bite changes. There are also occasional reports of the dislodgment of ill-fitting dental restorations. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance. Long term complications may include bite changes that may be permanent that result from tooth movement and/or jaw joint repositioning. These complications may or may not be fully reversible once appliance therapy is discontinued. If not, additional dental intervention may be suggested in certain cases for which you will be financially responsible. As the severity of the disease may increase over time, additional advancements and/or new appliances may be required in the future.

Follow-up visits with the provider of your oral appliance are mandatory to ensure proper fit and to allow an examination of your mouth to assure a healthy condition. If unusual symptoms or discomfort occur outside the scope of this consent, or if pain medication is required to control discomfort, it is recommended that you cease using the appliance until you are evaluated further.

Other accepted treatments for sleep disordered breathing include behavioral modifications, positive airway pressure and various surgeries. It is your decision to have chosen oral appliance therapy to treat your sleep disordered breathing and you are aware that it may not be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to this provider's office. Failure to treat sleep disordered breathing may increase the likelihood of significant medical complications.

I have received, read and understand the conditions and information in the letter and Patient Information Sheet which I was given during our consultation today. I have had the opportunity to discuss the foregoing conditions and the information concerning the oral appliance. Furthermore, I give my permission for my diagnostic and treatment records to be used for the purposes of research, education or publication in professional journals. I also accept financial responsibility for this therapy. With all of the foregoing in mind, I authorize treatment and confirm that I have received a copy of this consent form .

Date: \_\_\_\_\_

Patient Name (print): \_\_\_\_\_

Patient Name (sign): \_\_\_\_\_