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| 1. Are you under the age of 18? | Yes | No |
| 2. Are you pregnant, or do you think you may become pregnant? | Yes | No |
| 3. Do you have a pacemaker or implanted electrodes? | Yes | No |
| 4. Do you have dental jewelry in your mouth? | Yes | No |
| 5. Was your most recent dental exam more than 1 year ago?
What is the date of your last exam: _____ | Yes | No |
| 6. Do you currently have a mouth ulcer? | Yes | No |
| 7. Do you have, or are you suspected of having, an AHI > 15 as determined by a sleep health professional? | Yes | No |

Name: _____

Signature: _____

Date: _____