



# NC DENTAL SLEEP MEDICINE

[www.ncdentalsleep.com](http://www.ncdentalsleep.com)

**\*Multiple Risks Factors Warrant Referral\***

**SEND TO: [info@ncdentalsleep.com](mailto:info@ncdentalsleep.com)**

**Phone: (919) 556-3780 Fax: (919) 556-1708**

## OSA Screener Criteria

### Medical History

1. Drug- Resistant Hypertension\_\_\_\_\_
2. Atrial Fibrillation\_\_\_\_\_
3. BMI > 30\_\_\_\_\_

### Subjective History

- |                         |                           |
|-------------------------|---------------------------|
| 1. Daytime Fatigue_____ | 2. Grinding/Bruxism_____  |
| 3. Restless Legs_____   | 4. Morning Headaches_____ |
| 5. Witnessed Apnea_____ | 6. Witnessed Snoring_____ |
| 7. Nasal Issues_____    | 8. Breathing Issues_____  |

### Clinical Exam

1. Class 3 or 4 Mallampati\_\_\_\_\_
2. Grade 3 or 4 Tonsils\_\_\_\_\_
3. Vaulted Palate\_\_\_\_\_
4. Limited Tongue Space (Large Tongue/ Small Arches)\_\_\_\_\_
5. Scalloped Tongue\_\_\_\_\_
6. Occlusal Wear\_\_\_\_\_
7. Deviated Septum/ Facial Asymmetry\_\_\_\_\_