



4300 Alpha Rd, Suite 115  
Farmers Branch, TX 75244  
phone. 866.264.7667  
fax. 214.352.2664  
airwaylabs.com  
tapintosleep.com

**IMPORTANT:** Allow 5 business days in-lab turnaround upon receipt of case and return UPS shipping

Dr. \_\_\_\_\_

Customer ID#: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Identification: \_\_\_\_\_

**You MUST choose one (1) hardware and one (1) liner. Please call with questions BEFORE ordering or a \$50 charge may be added for error in selection.**

**TAP HARDWARE** - Choose one

☐ dreamTAP\* - \$387

☐ TAP 3\* - \$380

☐ TAP 1 - \$370

☐ \*All TAP Appliances are Medicare coded (E0486). dreamTAP and TAP 3 Appliances can be fabricated to meet Medicare requirements. Please check this box if your appliance needs to meet Medicare requirements. If you have any questions, please call Airway Labs customer service at 866.264.7667

**TAP LINER** - Choose one

☐ AccuTherm (+\$20)  
*Requires chairside heating*

☐ Triple Laminate (TL)

☐ ThermAcryl  
*Requires chair side heating*

**Shipping** (Airway Management will ship UPS Ground unless otherwise specified below)

☐ Ground (\$12)

☐ 2 Day (\$20)

☐ Overnight (\$45)

**OPTIONS**

☐ Posterior Pads (\$15)

☐ Pour Models (\$25)

☐ Digital Impressions (\$25)

*Visit Airwaylabs.com to submit digital impressions.*

☐ RUSH (\$100) *Includes 24 hour in lab turn around and overnight shipping*

☐ Extended 3 year warranty (\$100) *Please contact Airway Labs or visit airwaylabs.com for full warranty information.*

**REWORK/REMAKE**

☐ Reset Hardware

☐ Remake Trays (*keep hardware*)

**ADDITIONAL PRODUCTS** - Any additional items ordered will ship out with the finished appliance.

☐ Custom Mouthshield (\$35)

☐ ProGauge Bite Forks-25 (\$66)

☐ Extra AM Aligner (\$6.30)

☐ Adjustment Key (\$5.15)

☐ ThermAcryl Packet-2 oz (\$4.75)

☐ Patient Brochures-25 (Free)

*If scheduled, please provide patient's appointment date and time:*

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

**COMMENTS/INSTRUCTIONS**

Dentist Signature: \_\_\_\_\_ Dentist License #: \_\_\_\_\_

*Prices are subject to change.*

*FRM-SOP-020-06, Rev. A, 2021*





# PRESCRIPTION

## D-SAD™

DIGITAL - SLEEP APNEA DEVICE

Patient: \_\_\_\_\_

Dentist: \_\_\_\_\_

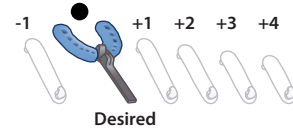
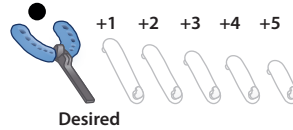
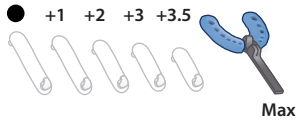
License #: \_\_\_\_\_

### 1 TREATMENT RANGE NEEDED ( ● Starting point )

☐ Retrude 4mm with 0.5 mm step before patient's max.

☐ Protrude 5mm.

☐ Retrude 1mm and protrude 4mm.



### 2 VERTICAL SPACING

- ☐ Close or open to optimise the device
- ☐ Keep it, call if major changes needed

### IS MANDIBULAR PROTRUSION STRAIGHT

- ☐ Yes
- ☐ No

### ELASTIC NOTCHES

- ☐ No
- ☐ Yes

### FRAGILE TEETH:

Tooth #: \_\_\_\_\_

### CROWN AND / OR PONTIC:

Tooth #: \_\_\_\_\_

## USE OPTIMAL VALUES\*

☐ No ☐ Yes \* If YES checked, skip to section 5.

### 3 UPPER PLATEAU

☐ LATERAL



☐ FULL



☐ ANTERIOR



### LOWER PLATEAU

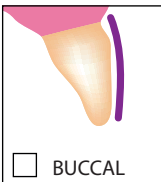
☐ LATERAL



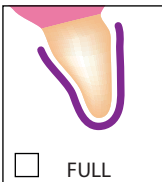
☐ FULL



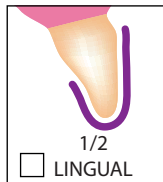
### 4 UPPER BAND



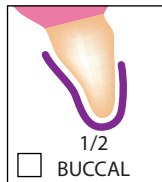
☐ BUCCAL



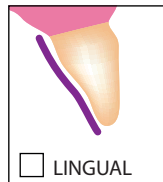
☐ FULL



☐ 1/2 LINGUAL

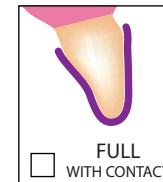


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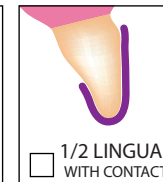


☐ LINGUAL

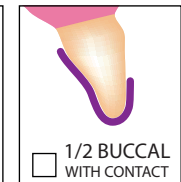
### ANTERIOR WITH CONTACT !



☐ FULL WITH CONTACT

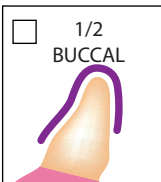


☐ 1/2 LINGUAL WITH CONTACT

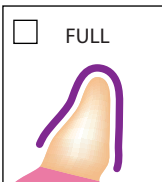


☐ 1/2 BUCCAL WITH CONTACT

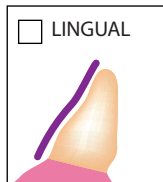
### LOWER BAND



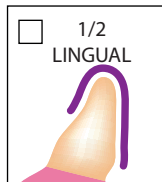
☐ 1/2 BUCCAL



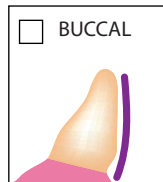
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☐ LINGUAL

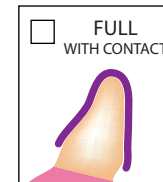


☐ 1/2 LINGUAL

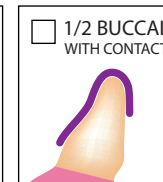


☐ BUCCAL

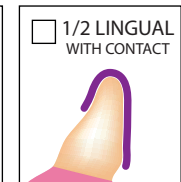
### ANTERIOR WITH CONTACT !



☐ FULL WITH CONTACT



☐ 1/2 BUCCAL WITH CONTACT



☐ 1/2 LINGUAL WITH CONTACT

### 5 EXTRA OPTIONS

- ☐ Prefer upper splint distal wrap
- Do not cover 3<sup>RD</sup> molar
- ☐ Upper
- ☐ Lower

### COMPOSITE BUTTON

- ☐ Add if needed
- ☐ Call me
- ☐ Cancel case and ship back !

### 6 COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

☐ Do not call me if design changes are needed.

X





4141 MacArthur Blvd. • Newport Beach, CA 92660  
 800-407-3326 • Fax 800-411-9722 • [glidewell.com](http://glidewell.com)

1. Carefully package your case, including this Rx, and tape box securely closed.
2. To schedule shipping pickup, call us at **800-854-7256**.
3. Please allow five working days in lab, except where noted.

\*Price does not include shipping or applicable taxes.

\*\*Glidewell Clinical Twinpak is valid for two appliances for the same case.

\*Silent Nite stops the snoring or return it within 90 days for a full credit.

Dr. Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP

Patient ID/Name \_\_\_\_\_ ☐ Male ☐ Female Age \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_

First

Last

#### ENCLOSED WITH CASE

☐ Impressions ☐ Models ☐ Bite

☐ Other: \_\_\_\_\_

*Upper and lower impressions or models  
with bite registration required*



See reverse for time-saving clinical procedures



Silent Nite stops snoring  
or your money back<sup>†</sup>

#### PLEASE COMPLETE THIS SECTION

One for Relief, One for Reserve<sup>\*\*</sup>

1 Appliance

Glidewell Clinical  
Twinpak<sup>\*\*</sup>

**Silent Nite Sleep Appliance**  
(only 3 working days in lab)



\$147\*



\$197\*

**OASYS Hinge Appliance**



\$347\*



\$669\*

**EMA**



\$207\*



\$389\*

**dreamTAP**



\$427\*



\$829\*

**TAP 3 TL**



\$397\*



\$769\*

**TAP**



\$337\*



\$649\*

☐ **Scan & Save Services**

☐ Digitally scan model .....\$10\*

☐ Print digitally scanned model for reorder .....\$27\*

Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.



Faxed w/ Sleep Study Chart note 4/7/21  
Premier Sleep  
Fax 425.746.0146

# THE DOCTORS CLINIC

9621 RIDGETOP BLVD. NW  
SILVERDALE, WA 98383

Doctor Joan Cucciaro PA-C DEA# 1528271467

Name: [REDACTED] Date 4/7/2021

Address DOB 9/29/71

**R** Referral for eval/Treat

1 unit Oral Appliance

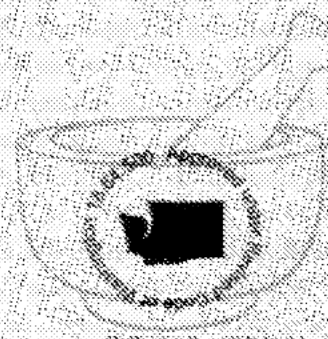
Dx: G47.33

Refill \_\_\_\_\_ times

*[Signature]*

Substitution Permitted

Dispense As Written



DC-112 (08/14)



**Patient:** [REDACTED]  
**DOB:** 09/29/1971  
**SSN:** \*\*\*\*\*3511

**Date:** 03/23/2021 14:20  
**Provider:** Cucciardi, Susan L. PA-C  
**Encounter:** Consult  
*Amended 04/07/2021 19:30 by Susan Cucciardi PA-C*

#### ACTIVE PROBLEMS

- Anxiety Disorder Nos
- Nontraumatic Tendon Rupture Rotator Cuff Partial Right
- Pain in right shoulder
- Shoulder Sprain Rotator Cuff (Capsule) Right Acute

#### CHIEF COMPLAINT

Ref. Dr. Dawson for OSA

#### HISTORY OF PRESENT ILLNESS

- [REDACTED] is a 49 year old female.
- Allergy list reviewed • Medication reconciliation performed
    - No fever ◦ No chills
  - Snoring
    - No cough
  - Daytime somnolence • Nonrestorative sleep

She is seen today in follow up for OSA.  
She has tried and failed CPAP therapy in the past.  
Was fit for an oral appliance and she was very happy with it.  
Her current oral appliance is now broken and she would like another one.

Has had her tonsils removed.  
Had a significant wt. loss.  
Formerly weighed 330lbs and wt. dropped to 175 lbs  
she stopped snoring so she stopped treating OSA for a while  
She has recently gained some wt. back and retested for OSA.

Sleep study on 1/30/21 showed OSA.  
AHI of 13.3

She has excessive daytime sleepiness.  
She feels very groggy in the morning.  
Falls asleep at work while sitting at her desk.  
She feels tired driving long distances. She will pull over and get out to stretch to help her wake up if she feels tired.  
Not rested when she wakes up.  
Wakes with morning headaches.  
She snores.  
Falls asleep watching TV.



**Patient:** [REDACTED]  
**DOB:** 09/29/1971  
**SSN:** \*\*\*\*\*3511

**Date:** 03/23/2021 14:20  
**Provider:** Cucciardi, Susan L. PA-C  
**Encounter:** Consult

*Amended 04/07/2021 19:30 by Susan Cucciardi PA-C*

Has anxiety and depression. Taking Fluoxetine and bupropion. Mood is stable. Managed by PCP.

Has insomnia. Taking trazodone as needed. Tries OTC Melatonin first and this works most nights. No side effects.

Former smoker. Stopped in 2020. Smoked 10 cig. per day for 10 years off and on.

No recent illness

#### ALLERGIES

- metroNIDAZOLE Reaction: Hives

#### CURRENT MEDICATION

- buPROPion HCl ER (XL) 150 MG Oral Tablet Extended Release 24 Hour one tablet once a day, 30 days, 5 refills
- FLUoxetine HCl 20 MG Oral Capsule TAKE THREE CAPSULES BY MOUTH DAILY, 30 days, 5 refills
- hydroOXYzine HCl 25 MG Oral Tablet 1-2 tablets three times a day as needed for anxiety, 30 days, 2 refills
- Lotrisone 1-0.05% External Cream use as directed apply to affected area twice a day for 2 weeks, 30 days, 0 refills
- Multiple Vitamin Tablet one tablet once a day 0 days, 0 refills
- Naltrexone HCl 50 MG Oral Tablet one tablet once a day, 30 days, 5 refills
- Omeprazole 20 MG Oral Capsule Delayed Release TAKE ONE CAPSULE BY MOUTH ONE TIME DAILY 30 minutes before breakfast, 30 days, 2 refills
- traZODone HCl 50MG Oral Tablet 50 MG TAKE ONE TABLET BY MOUTH AT BEDTIME, 30 days, 5 refills
- Triamcinolone Acetonide 0.1% External Cream APPLY TO AFFECTED AREA TWICE DAILY AS NEEDED. USE AS DIRECTED., 30 days, 0 refills

#### PAST MEDICAL/SURGICAL HISTORY

##### Reported:

Surgical / Procedural: Surgical / procedural history.

Pregnancy: Gravida 2 and para 2.

##### Diagnoses:

GERD.

Varicella

Sleep apnea

Anxiety, depression

Plantar fasciitis

Arthritis



**Patient:**

**DOB:** 09/29/1971

**SSN:** \*\*\*\*\*3511

**Date:** 03/23/2021 14:20

**Provider:** Cucciardi, Susan L. PA-C

**Encounter:** Consult

*Amended 04/07/2021 19:30 by Susan Cucciardi PA-C*

**PSH:**

Lap gastric bypass--4/21/15

Essure placement--11/4/14

Cholecystectomy--1999.

**Surgical:**

- Tonsillectomy with adenoidectomy
- Gastric surgery
- Cholecystectomy
- Hernia repair
- Cesarean section
- Orthopedic surgery Plantar and tendon repair left foot
- Shoulder surgery Rt ARCTR, ASD 12/21/2015
- Foot surgery
- Plantar fasciectomy

#### **SOCIAL HISTORY**

Tobacco use: Former smoker.

Alcohol: Not using alcohol.

Drug Use: Not using drugs.

Work: Occupation Customer Service.

Marital: Marital history divorced.

#### **FAMILY HISTORY**

Heart attack--grandfather

Dementia--grandmother

**Paternal:**

Cancer

Heart attack

**Sororal:**

A reaction to anesthetics

#### **REVIEW OF SYSTEMS**

**Systemic:** Not feeling poorly (malaise). No fever and no chills.

**Otolaryngeal:** Snoring.

**Pulmonary:** No cough.

**Psychological:** Daytime somnolence and nonrestorative sleep.

#### **PHYSICAL FINDINGS**



**Patient:** [REDACTED]  
**DOB:** 09/29/1971  
**SSN:** \*\*\*\*\*3511

**Date:** 03/23/2021 14:20  
**Provider:** Cucciardi, Susan L. PA-C  
**Encounter:** Consult

*Amended 04/07/2021 19:30 by Susan Cucciardi PA-C*

• Vitals taken 03/23/2021 02:23 pm

BP-Sitting L	112/64 mmHg
BP Cuff Size	Large
Pulse Rate-Sitting	102 bpm
Pulse Rhythm	Regular
Respiration Rate	14 per min
Height	66 in
Weight	225 lbs
Body Mass Index	36.3 kg/m2
Body Surface Area	2.10 m2
Oxygen Saturation	98 %

**General Appearance:**

° Well developed. ° Well nourished. ° In no acute distress.

**Head:**

° Normal.

**Neck:**

Suppleness: ° Neck demonstrated no decrease in suppleness.

**Pharynx:**

Oropharynx: ° Normal.

**Lymph Nodes:**

° Supraclavicular lymph nodes were not enlarged.

**Lungs:**

° Normal breath sounds/voice sounds.

**Cardiovascular:**

Heart Rate And Rhythm: ° Normal.

**ASSESSMENT**

- Obstructive sleep apnea
- Primary snoring

**PLAN**

**OSA**

We will place a ref. to Dr. Kushner's office for a consultation regarding the oral appliance, Follow up with our office once you have received your oral appliance, we will order an in home sleep study at that time to demonstrate OSA is well controlled with the use of oral appliance.

If he decides the oral appliance is not the right choice for him, he will call the office and request we place a ref. to start CPAP therapy.

He will then follow up with our office within 31-90 days of starting CPAP therapy for his compliance review.

I have weighed the benefits and the risks for such visits to patients given the active presence of COVID-19 in our communities.

I have considered utilizing telemedicine where possible.



**Patient:** [REDACTED]  
**DOB:** 09/29/1971  
**SSN:** \*\*\*\*\*3511

**Date:** 03/23/2021 14:20  
**Provider:** Cucciardi, Susan L. PA-C  
**Encounter:** Consult

*Amended 04/07/2021 10:30 by Susan Cucciardi PA-C*

I have taken all steps to promote social distancing measures and reduction of infection risk by appropriate use of hand hygiene and PPE-use protocols.

**AMENDMENT (4/7/21)**

Dr. Kushner is not in her network.

Pt. has requested ref. for oral appliance be sent to

PREMIER SLEEP

FAX 425.746.0746 CALL US 425.272.6745/636

12000 Ave NE #4204

Bellevue, WA 98005

**CARE TEAM**

Erin M Dawson, MD

Christopher C Rankin, MD

John R West, MD

Family Practice

Orthopaedic Surgery

Sports Medicine

**Susan L. Cucciardi PA-C**

Electronically signed by: Susan Cucciardi PA-C Date: 04/07/2021 10:32

Electronically approved by: Susan Cucciardi PA-C Date: 04/07/21 10:32

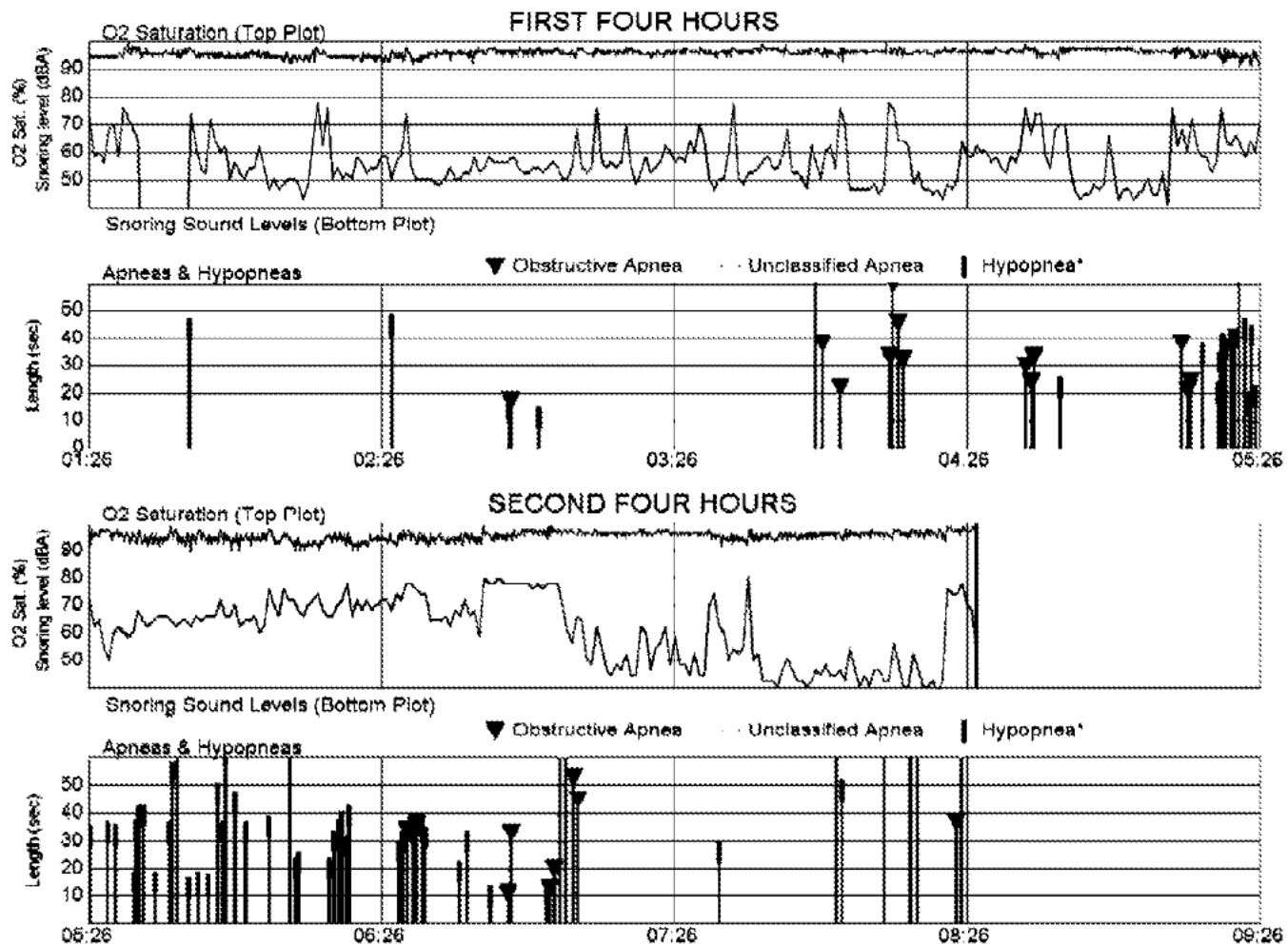


## NOVASOM® SLEEP STUDY

Night 1

Patient Name: [REDACTED]  
 Date of Birth: 09/29/1971  
 Test ID: ORD-1627728

A+H\* Index (AHI/RDI\*\*): 22.3  
 Study Duration: 3 hours 54 minutes  
 Date of Study: January 30, 2021



### OXYGEN SATURATION INFORMATION

Saturation	100-95%	94-90%	89-85%	84-80%	79-70%	<70%
# Drops	0	21	0	0	0	0
Time (HH:MM)	05:47	01:13	00:00	00:00	00:00	00:00

Lowest O2 Sat was 90% at 5:47; a "Drop" is  $\geq 3\%$  O2 fall.

### EVENT SUMMARY

Event type	Total# Events	Avg. Duration	Max. Duration	#Events/Hr.
Obstructive Apneas	26	39 sec	106 sec	6.7
Unclassified Apneas	0	0 sec	0 sec	0.0
Hypopneas *	81	37 sec	93 sec	15.6
Total # A+H *	87			22.3

\*A hypopnea is defined as a 50% or more reduction in airflow for at least 10 seconds, accompanied by a decrease in blood oxygen saturation of at least 3%.

\*\*AHI/RDI = sum of the apneas and hypopneas divided by the number of hours in the study.

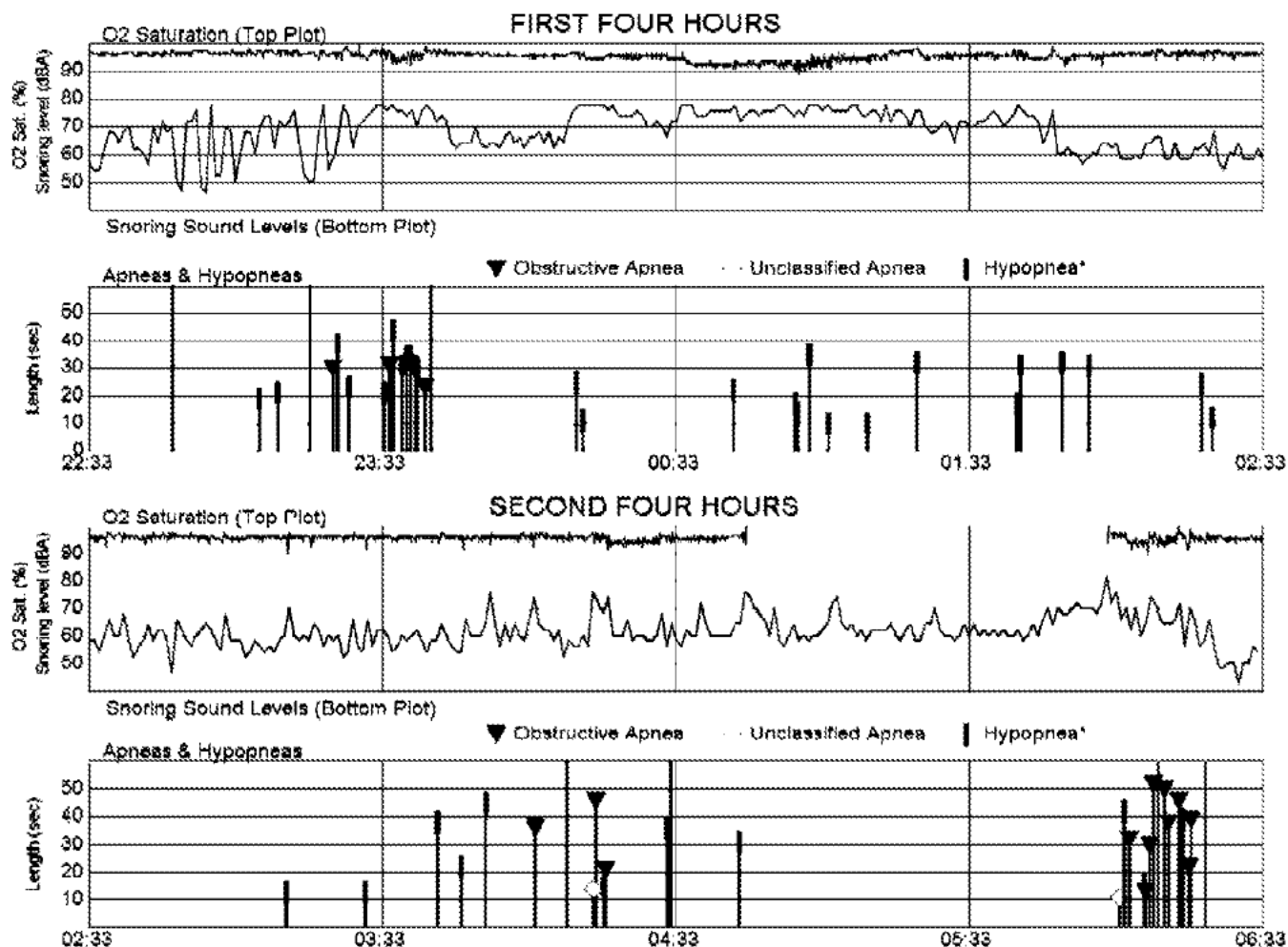


## NOVASOM® SLEEP STUDY

Night 2

Patient Name: [REDACTED]  
 Date of Birth: 09/29/1971  
 Test ID: ORD-1627728

A+H\* Index (AHI/RDI\*\*): 9.6  
 Study Duration: 6 hours 21 minutes  
 Date of Study: January 31, 2021



### OXYGEN SATURATION INFORMATION

Saturation	100-95%	94-90%	89-85%	84-80%	79-70%	<70%
# Drops	0	9	0	0	0	0
Time (HH:MM)	05:48	00:56	< 1 min	00:00	00:00	00:00

Lowest O2 Sat was 89% at 0:58; a "Drop" is  $\geq 3\%$  O2 fall.

### EVENT SUMMARY

Event type	Total# Events	Avg. Duration	Max. Duration	#Events/Hr.
Obstructive Apneas	20	44 sec	98 sec	3.1
Unclassified Apneas	2	12 sec	14 sec	0.3
Hypopneas *	39	29 sec	84 sec	6.1
Total # A+H *	61			9.6

\*A hypopnea is defined as a 50% or more reduction in airflow for at least 10 seconds, accompanied by a decrease in blood oxygen saturation of at least 3%.

\*\*AHI/RDI = sum of the apneas and hypopneas divided by the number of hours in the study.

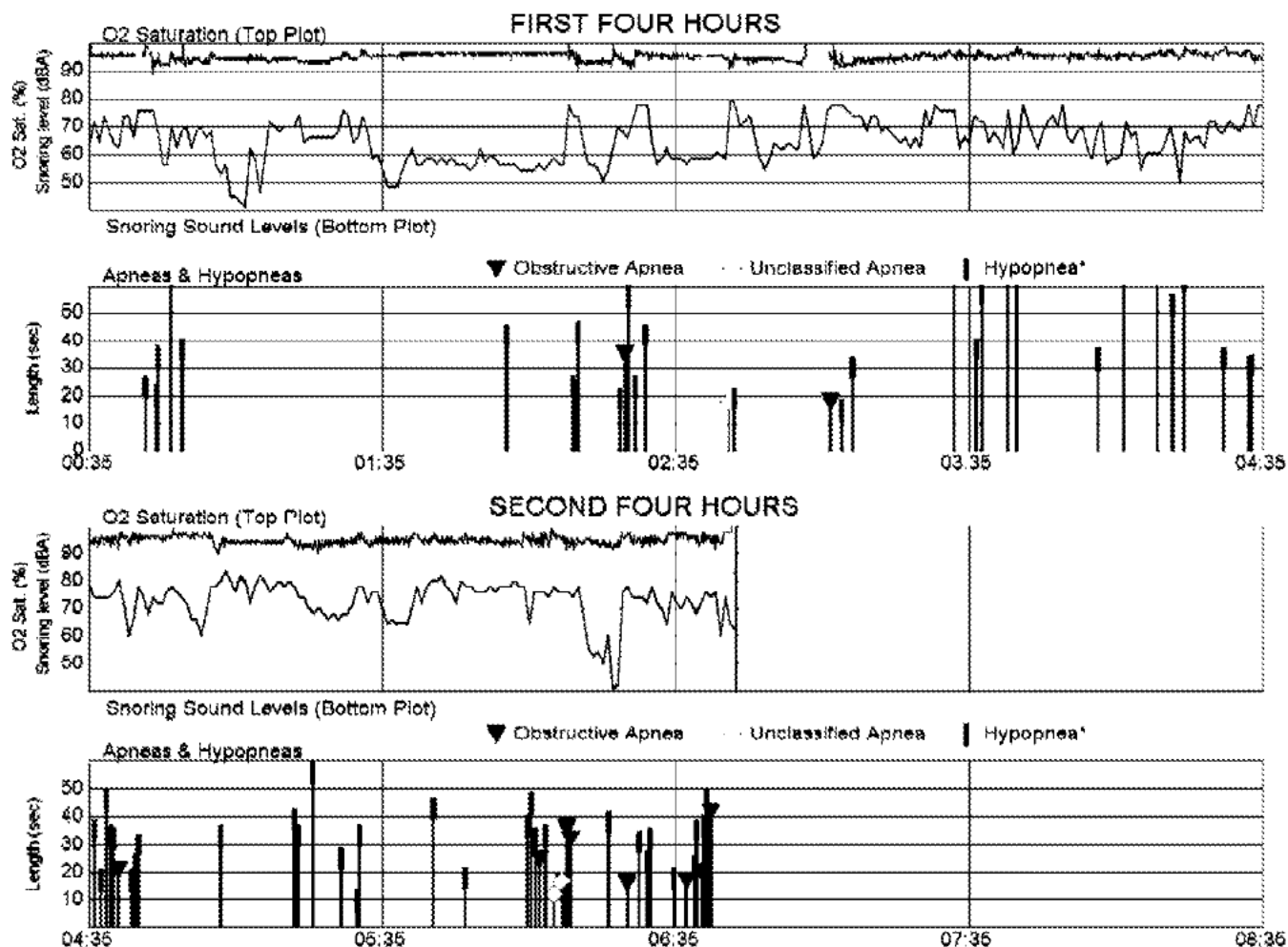


## NOVASOM® SLEEP STUDY

Night 3

Patient Name: [REDACTED]  
 Date of Birth: 09/29/1971  
 Test ID: ORD-1627728

A+H\* Index (AHI/RDI\*\*): 13.7  
 Study Duration: 5 hours 20 minutes  
 Date of Study: February 04, 2021



### OXYGEN SATURATION INFORMATION

Saturation	100-95%	94-90%	89-85%	84-80%	79-70%	<70%
# Drops	0	13	1	0	0	0
Time (HH:MM)	04:29	01:33	< 1 min	< 1 min	00:00	00:00

Lowest O2 Sat was < 70% (> 1 time); a "Drop" is  $\geq 3\%$  O2 fall.

### EVENT SUMMARY

Event type	Total# Events	Avg. Duration	Max. Duration	#Events/Hr.
Obstructive Apneas	13	34 sec	87 sec	2.4
Unclassified Apneas	3	16 sec	18 sec	0.6
Hypopneas *	57	37 sec	111 sec	10.7
Total # A+H *	73			13.7

\*A hypopnea is defined as a 50% or more reduction in airflow for at least 10 seconds, accompanied by a decrease in blood oxygen saturation of at least 3%.

\*\*AHI/RDI = sum of the apneas and hypopneas divided by the number of hours in the study.



## SLEEP STUDY SUMMARY

Patient Name: [REDACTED]  
Date of Birth: 09/29/1971  
Test ID: ORD-1627728  
Physician: ERIN DAWSON MD

	Night #1 Jan 30 2021	Night #2 Jan 31 2021	Night #3 Feb 04 2021	Cumulative/ Average
Device start time	01:11	22:18	00:20	
Study start time	01:26	22:33	00:35	
Study end time	08:29	06:33	06:48	
<b>Total study duration</b>	<b>03:54</b>	<b>06:21</b>	<b>05:20</b>	<b>15:35</b>
Disconnects: #	0	0	0	0
Disconnect: (min)	0	0	0	0
Invalid respiratory signals: #	17	8	10	
Invalid respiratory signal: (min)	187	45	44	
Invalid O2 signal: (min)	1	75	9	
<b>Apnea + Hypopnea Index (AHI/RDI**)</b>				
<b>with &gt;= 3% O2 desaturation</b>	<b>22.3</b>	<b>9.6</b>	<b>13.7</b>	<b>14.2</b>
Total number of hypopneas with >= 3% O2 desaturation	61	39	57	157
<b>Apnea + Hypopnea Index (AHI/RDI**)</b>				
<b>with &gt;= 4% O2 desaturation</b>	<b>13.3</b>	<b>5.7</b>	<b>5.2</b>	<b>7.4</b>
Total number of hypopneas with >= 4% O2 desaturation	26	14	12	52
<b>Apnea Index (AI)</b>	<b>6.7</b>	<b>3.5</b>	<b>3</b>	<b>4.1</b>
Total number of apneas	26	22	16	64
Obstructive apneas	26	20	13	59
Unclassified apneas*	0	2	3	5
Lowest O2 saturation	90%	89%	< 70%	
Time of occurrence	05:47	00:58	> 1 time	
% time below 90% saturation	0%	0%	0%	
<b>Heart Rate (bpm)</b>				
Minimum	58	58	60	
Maximum	161	85	177	
Average	67	57	71	
<b>Snoring/Respiration Noise</b>				
Time over 50dBa (HH:MM)	03:34	06:19	05:17	
% time over 50dBa	92%	99%	99%	
Maximum (dBa)	80.0	78.0	83.9	
Average (dBa)	63.0	66.1	68.8	

\* Unclassified apnea: apnea accompanied by a reduction in chest movement of greater than 90% compared to baseline movement.  
\*\* AHI/RDI = sum of the apneas and hypopneas divided by the number hours in the study.



**AccuSom<sup>®</sup> HOME SLEEP TEST REPORT**  
provided by NovaSom<sup>®</sup>

<b>Patient Name:</b>		<b>Test ID:</b>	ORD-1627728
<b>Date of Birth:</b>	09/29/1971	<b>Dates of Study:</b>	01/30/2021, 01/31/2021, 02/04/2021
<b>Gender:</b>	Female	<b>Referring Clinician:</b>	ERIN DAWSON, MD
<b>Height, Weight:</b>	66.0 in, 228.0 lbs	<b>Ordering Clinician:</b>	ERIN DAWSON, MD
<b>SSN Number:</b>		<b>Interpreting Physician:</b>	Michael Coppola MD FACP FCCP

**Symptoms**

This 49 y/o Female was referred for the following complaints: Snoring, Excessive Daytime Sleepiness, Witnessed/Suspected Apnea, Previous Diagnosis of OSA, Non restorative sleep  
BMI 36.8, Neck Size Not provided, Epworth 15.00

**Diagnosis:** Moderate Obstructive Sleep Apnea (ICD-10: G47.33)

**Interpretation and Recommendation**

This study confirms the presence of physiologic events consistent with moderate obstructive sleep apnea (OSA) with frequent hypopneas and apneas.

The diagnosis of obstructive sleep apnea syndrome requires the presence of historical data such as excessive daytime sleepiness or witnessed snoring and apneas at night in addition to sleep recordings documenting a significant level of sleep disordered breathing. This study confirms these criteria and treatment for sleep apnea is indicated.

Auto-titrating CPAP (continuous positive airway pressure) or a CPAP titration would be appropriate. Other effective treatments which may be considered are oral appliances and otolaryngeal evaluation for treatable upper airway narrowing. Treatment would also include careful attention to proper sleep hygiene, weight reduction if the BMI is elevated, avoidance of sleeping in the supine position and avoidance of alcohol within four hours of bedtime. Specific treatment decisions should be tailored to each patient based upon the clinical situation and all treatment options should be considered. The patient should be instructed to avoid driving if sleepy and careful clinical follow up is needed to ensure that the patient's symptoms are improving with therapy and that PAP adherence is supported and measured if prescribed.

Although different insurers have different requirements, as an example Medicare requires documentation that the patient is utilizing PAP therapy at least 4 hours per night for 70% of the nights during a 30 consecutive day period. The PAP device automatically collects this data and your DME (Durable Medical Equipment) provider can supply it to you.

It is good medical practice and a Medicare requirement in many jurisdictions that the ordering provider have a follow up visit with the patient to review the results of this test, whether the results were abnormal or not.



**Description of Procedure:**

This Sleep Apnea recording was performed utilizing a AccuSom Type III diagnostic device that simultaneously recorded oral/nasal airflow, chest wall motion by impedance, oxygen saturation (Nonin Pulse oximeter), heart rate, and snoring. The study took place over 3 nights.

**Data**

Total recorded time: 15.58 hours for 3 nights

Total recorded minutes: 935.00

Highest AHI 3% (AASM criteria): 22.3

Highest AHI 4% (Medicare Criteria): 13.3

Night 1 Sleep Time: 03:54 Start 1:26 Stop 8:29 AHI 3% - 22.3, AHI 4% - 13.3

Night 2 Sleep Time: 06:21 Start 22:33 Stop 6:33 AHI 3% - 9.6, AHI 4% - 5.7

Night 3 Sleep Time: 05:20 Start 0:35 Stop 6:48 AHI 3% - 13.7, AHI 4% - 5.2

Total number of events @ 3%: 221

Total number of events @ 4%: 116

Total number of apneas: 64

Total number of hypopneas @ 3% criteria: 157

Total number of hypopneas @ 4% criteria: 52

**Oximetry**

Oxygen saturation <90% for 0.0% of recording time.

Oxygen saturation >90% for approximately: 1188.5 minutes recorded time

Night 1 Oxygen desaturations <90%: 0.00% of recorded time

Night 2 Oxygen desaturations <90%: 0.05% of recorded time

Night 3 Oxygen desaturations <90%: 0.08% of recorded time

Average heart rate: 65 b/m

Lowest heart rate: 58 b/m

I attest that I have reviewed the raw data acquired in this study and confirm that the sleep study was technically adequate, unless stated otherwise above, and sufficient to allow for my interpretation.

Interpreting Physician  
Signature

Date

Electronically signed by: Michael Coppola MD FACP FCCP,  
Board Certified Sleep Medicine on Friday February 05, 2021 at 05:38 PM  
[GMT]

02/05/2021



# PROSOMNUS® SLEEP & SNORE DEVICES RX



ENGINEERED FOR: Comfort, Simplicity,  
Biocompatibility, Durability, Predictability

Leader In Precision OAT®

## Case Info

Note: Turnaround time is 7 days + shipping. Call for a rush request. Rush fee will apply. Incomplete Rx information or technical evaluations may result in an increased turnaround time.

ACCOUNT# SUBMISSION DATE

DR. NAME (Required)	CASE DUE DATE (Required)	DR. ADDRESS (Required)	
SIGNATURE OF DENTIST (Required)	DENTIST LICENSE# (Required)	DR. PHONE (Required)	DR. EMAIL (Required)
PATIENT NAME (Required)			

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. Dentist's signature will authorize ProSomnus® Sleep Technologies to construct, alter or repair the device described on this requisition.

## 1 Sleep Device (\*Comes with unlimited advancement arches. Additional arches are provided after initial device is delivered and can only be ordered one at a time. Please consult TechnicalService@ProSomnus.com with questions.)

### Iterative Advancement

- ☐ EVO™\* (NEW)
- ☐ [IA]\*
- ☐ [IA] SELECT\*

### Continuous Advancement

- ☐ [CA] LP

### Precision Herbst Advancement

- ☐ [PH] Standard (Default Herbst nut plus wrench adjustment)

### Morning Occlusal Guide (Optional with device)

- ☐ [MOG]: Design includes an anterior bite ramp  
Qty. 1 ☐ or 2 ☐
- ☐ [MOG] MIP: Design enables true, full occlusal contact  
Qty. 1 ☐ or 2 ☐

☐ Additional Arches (Please specify):

☐ OK to open bite as required for design.

## 2 ProSomnus Monogram™ Customization (Standard default design if left blank. See reverse for Monogram specifications.)

Product	Splint Coverage			Post Design			Other Customizations								
EVO		<input type="radio"/>	default				default	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>			
[IA]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		default	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
[IA] SELECT		<input type="radio"/>	default					default		<input type="radio"/>					
[CA] LP		<input type="radio"/>	default				default	<input type="radio"/>				<input type="radio"/>			
[PH]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					default	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 3 Special Instructions

(For no device retention, note teeth #'s for block out if necessary.)

### Supplies (Additional fees may apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Backup Device               | <input type="checkbox"/> Shipping Boxes              |
| <input type="checkbox"/> EVO Sample Model (NEW)      | <input type="checkbox"/> Patient Education Brochures |
| <input type="checkbox"/> [IA] Sample Model           | <input type="checkbox"/> George Gauge Kit            |
| <input type="checkbox"/> [IA] SELECT Sample Model    | <input type="checkbox"/> 3.0mm Bite Forks            |
| <input type="checkbox"/> [CA] LP Sample Model        | <input type="checkbox"/> 3.0mm Digital Bite Forks    |
| <input type="checkbox"/> [PH] Standard Sample Model  | <input type="checkbox"/> ProSomnus [PH] ProKit       |
| <input type="checkbox"/> [MOG] Sample Model          | <input type="checkbox"/> ProSomnus [PH] Wrenches     |
| <input type="checkbox"/> [MOG] MIP Sample Model      | <input type="checkbox"/> Extra Carrying Case         |
| <input type="checkbox"/> ProSomnus Sleep Device Rx's |  |

See back for descriptions, terms and conditions.

844 537 5337  
ProSomnus.com

5860 West Las Positas Blvd., Ste. 25  
Pleasanton, CA 94588







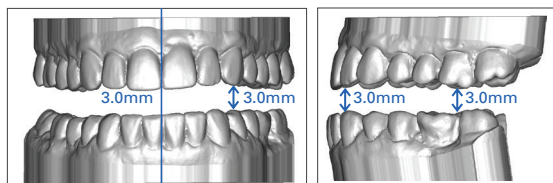
## ProSomnus Default Design Descriptions

Product	Splint Design	Anterior Coverage	Posterior Coverage	Post Design	Advancement	Initial Delivery	Additional Advancement Arches	Other Default Features
<b>EVO*</b>	Anatomical Scalloping	Lingualess	Lingual	Dual 90° Optipost	Iterative	L0, L1, U0, U2, U4 = 5.0mm total	Unlimited	Natural Anterior Opening
<b>[IA]*</b>	Flat Plane	Lingualess	Lingual	Dual 90° Radius	Iterative	L0, L1, U0, U2 = 3.0mm total	Unlimited	n/a
<b>[IA] SELECT*</b>	Anatomical Scalloping	Lingual	Lingualess	Dual 90° Ultra Low Profile	Iterative	L0, L1, U0, U2 = 3.0mm total	Unlimited	n/a
<b>[CA] LP*</b>	Anatomical Scalloping	Lingual	Lingualess	80° Radius Tapered	Continuous	L0, L3, U0 = 6.0mm total	Fee	Natural Anterior Opening
<b>[PH]*</b>	Flat Plane	Lingualess	Lingual	n/a	Herbst Arm with Nut or Pinhole	L0, U0 = -1.0mm to 6.0mm = 7.0mm total	Fee	U/L Comfort Bumps; Metal-Free Hooks

\*All default designs include distal wrap. Device starting position is set at bite when delivered.

## ProSomnus Sleep Device Bite Requirement

ProSomnus devices require 3.0mm of clearance at the lowest cusp point. The diagram below shows how to visualize the amount of space required.



Doctors have been reported using several additional techniques when issues arise to make sure they have enough clearance:

- Moving the bite fork to include dangling cusps.
- Modifying the bite fork to capture dangling cusps.
- Adding material to the incisal guide area to open the vertical more.
- Measuring with a caliper in the bicuspid and molar areas.
- Shortening the device when there is an excessive Curve of Spee.

## Policy Guidelines

**Digital Impression Policy:** ProSomnus® Sleep Technologies receives digital impressions. For quality assurance purposes, sleep devices made from digital impressions are fit against a 3D printed model of the digital impression. We strongly recommend if sending digital impressions to also send a digital bite, rather than physical to avoid manufacturing delays. If sending a physical bite with digital impressions, please notify [Digital@ProSomnus.com](mailto:Digital@ProSomnus.com) or notate when submitting files.

**Warranty:** ProSomnus 100% guarantees the workmanship and materials of this device. ProSomnus' service warranty can be found at [ProSomnus.com](https://www.prosomnus.com) (Terms and Conditions section).

**Disclaimer:** ProSomnus cannot warrant against customer dissatisfaction due to diagnosis, treatment decisions, style, or brand of device chosen. We're happy to assist you with any device adjustments and/or modifications, and to provide you with any information you may need to learn about the use of these devices.

**Our Promise To You:** Upon incoming examination of your case, if the ProSomnus manufacturing team determines that there is not enough bite clearance, nor enough retention to accommodate the standard design, we will NOT make changes without your knowledge or authorization unless noted in your preferences. Our manufacturing process will be temporarily stopped until we are able to contact you for a consultation regarding design alternatives that you prefer and prescribe. The ProSomnus Sleep & Snore Devices are FDA cleared and registered Medical Devices.









EST 1999

# True Function Laboratory

## RX Order Form

7851 University Avenue Suite 103, La Mesa, CA 91942  
Ph: (877) 887-8522 | (619) 466-1872 | Fax: (619) 466-2383  
www.truefunction.com | info@truefunction.com

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ (by: 5pm)

Doctor: \_\_\_\_\_ Practice: \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Text: \_\_\_\_\_

### Night Appliances

Anterior Deprogrammer  
Farrar  
Farrar with hole in Ramp  
Anti-Clenching Appliance  
Monoblock  
CR Splint  
TMJ Splint Flat Plane  
Tanner  
Night Appliance With Ramp

### Maxillary/Mandibular

#### Occlusal Scheme

Flat Plane Anterior  
Guidance Deep  
Indexing

#### Material Options\*

Acrylic  
Dual Laminate Hard  
Thermoformed  
TrueSplint (Milled)  
No Metal

### Options / Additions

Elastic Hooks  
Ball Clasps  
Discluding Element Mesh  
Re-Reinforcement Nasal  
Dilators  
Tongue Buttons  
Thermacryl  
Other \_\_\_\_\_

### Night Guards

### Maxillary/Mandibular

Hard Acrylic  
TrueComfort (Dual Laminate)  
Thermoplastic  
Thermoformed  
TrueSplint (Milled)

### Sleep Appliances

TrueDorsal  
TrueHerbst  
EMA Custom  
OASYS  
OASYS Hinge  
DreamTaP  
TAP 3

### Minimum Vertical Spacing & Location

5mm/Posterior  
5mm/Posterior  
3mm/Posterior  
5mm/Posterior  
5mm/Posterior  
6mm/Anterior  
6mm/Anterior

#### Material Options\*

Acrylic  
Dual Laminate Hard  
Thermoformed  
TrueSplint (Milled)  
No Metal

### Daytime Appliances Maxillary/Mandibular

Day Appliance  
Compact Day  
Thermoformed Day  
Pivot Appliance Hard  
Full Coverage Day  
Gelb Splint

#### Occlusal Scheme

Standard Deep  
Indexing Light  
Indexing  
Anatomical  
Flat Plane

#### Material Options\*

Acrylic  
Hard Thermoformed  
TrueSplint (Milled)  
No Metal

### Extras

Mytap  
Single 5 pack 10 pack  
AM Aligner  
Single 10 pack  
TF Morning Positioner 10 pack  
AM Bite Tabs 10 pack  
George Guage Kit  
GG Bite Forks  
2mm L 2mm S  
5mm L 5mm S  
EMA Straps  
Color \_\_\_\_\_ Size \_\_\_\_\_  
QuickSplint 12 Pack

### Other Appliances

Essix Slider  
Essix Retainer  
Morning Aligner Milled  
Palatal Stent  
Flipper  
Essix Flipper  
Hawley Retainer

### Enclosed

Impressions Bite  
Registration  
Models Digital  
Digital Scans Sent  
Via: \_\_\_\_\_  
Digital Bite Sent  
Other \_\_\_\_\_

### Please Send Us

Lab Slips/Rx's  
Boxes  
Other

Call Doctor Make to Doctor Preferences Okay  
ok to raise vertical as needed for minimum thickness

Signature: \_\_\_\_\_ Lic# \_\_\_\_\_



**UW MEDICINE REFERRAL SUMMARY REPORT**

Priority: Routine  
Referral Date: Mar 2, 2021 9:23 AM  
Referral #: 11055598

Service Start Date: 03/02/2021 Expiration Date: 03/02/2022

[REDACTED]  
MRN: U2251931  
Date of Birth: 7/17/1957 Gender: male  
Language: English

[REDACTED]  
[REDACTED] Phone: [REDACTED]

Payor: BCBS OF ILLINOIS - BOEING  
Plan: BCBS OF ILLINOIS-BOEING  
[REDACTED]

Authorization Number: None

**Diagnosis Codes:**

Diagnoses:  
G47.33 (ICD-10-CM) - 327.23 (ICD-9-CM) - Obstructive sleep apnea

**Procedure Codes:**

Procedures:  
REFERRAL TO ORAL MED/DENTISTRY [1009043]

**Linked Charges/ CPT (for radiology only)**

**Ordering Provider Comments:** REFERRAL TO ORAL MED/DENTISTRY [130814674]  
Coverage for this visit--Payor: BCBS OF ILLINOIS - BOEING / Plan: BCBS OF ILLINOIS-BOEING / Product Type: blue shield  
REASON FOR REFERRAL: 63 year old male for OA to treat OSA.  
Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required.

**Order Specific Questions:**

Do you want to track this referral? No

**Referral Order Scheduling Instructions:** Referral to: Non-UW Medicine Dentist: Dr. Carstensen at Premiere Sleep in Bellvue----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

**Referral Type:** Specialty Visit



**Referred by Dept:** Harborview Sleep Medicine Clinic  
908 Jefferson St  
Seattle Wa 98104-2433  
**Phone:** 206-744-4999 **Fax:** 206-744-5657

**Electronically Signed by: Authorizing Provider** Nathaniel Fletcher Watson, MD  
**Authorizing Provider NPI:** 1528144342  
**Encounter Provider:** WATSON, NATHANIEL FLETCHER  
**Referred by Provider:** Nathaniel F Watson, MD **Referred by Provider NPI:** 1528144342

  
**Date of Birth:** 7/17/1957

**Refer to Provider:** CARSTENSEN, STEPHEN WILLIAM [2044923]  
**Referral to Dept:** N/A

**Referral Loc/ POS:** Premier Sleep Associates  
**Specialty:** Dentistry  
**Refer to POS address:**  
636 120th Ave NE #A204  
Bellevue WA 98005  
**Refer to POS phone:** 425-698-1732

**Referral Status:** In Process  
**Reason:** Specialty Services Required

**Referral Notes:**  
Printed Clinical Info: No notes of specified type found.  
Printed Other info: No notes of specified type found.  
Benefit Info: No notes of specified type found.

**Visits:**  
**Requested:** 1  
**Authorized:** 1  
**Scheduled:** None  
**Used:** None

**Recurring Visits:**  
**Requested:**  
Visits: None  
Period: None  
Number of Periods: None  
**Authorized:**  
Visits: None  
Period: None  
Number of Periods: None

**Sched Status:** New

  
**Date of Birth:** 7/17/1957



Printed on 4/19/2021 9:39:48 AM

Page 2 of 11

Chalk, Hane Bjorklund Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:29

(FAX)

P.002/011

MR# 60000731641 - Acc# 10323372089

10/18/2020

Providence Sleep Health Institute  
900 Pacific Ave, Everett, WA 98201 (425)-258-7400  
POLYSOMNOGRAPHY REPORT

Patient Name: [REDACTED] Study date / Type / Room: 10/18/2020 SPLIT 6  
Date of Birth: [REDACTED] Details: male, 63 yrs, Ht 70 in, Wt 180 lb, BMI 25.8  
CSN# [REDACTED] Collection/Scoring: Jon Hoffman, / Tim Winchester  
Ordering/Reading Physician: SRIDAR CHALAKA, MD / DAVID RUSSIAN, MD MRN# 60000731641

TECHNICAL: AASM Recommended Montage: EEG; chin EMG; EOG; RAT; LAT; EKG; respiratory effort; airflow;  
snoring; oximetry; video.  
Definitions: Apnea: GE10s, 90+% drop of airflow; Hypopnea (Medicare): 10+%, 30-90% drop of flow, 4+% desat (or, if AHI <10) Hypopnea (AASM) scored as: 10+%, 30- 90% drop of flow, 3+% desat &/or arousal. AASM AHI will be the same as Medicare AHI if Medicare AHI GE10.  
Test details: Adult PSG  
Lights Out: 22:43 Lights On: 05:06  
Sleep Start: 23:35 Sleep End: 04:22

SLEEP STAGES:	Minutes	Hours		#	Index
Time in bed:	383.5	6.4			
Total sleep time (TST)	278.5	4.6			
NREM sleep time:	195.5	3.3	Arousal:	98	21.1
REM sleep time:	83.0	1.4	Respiratory:	31	6.7
Wake after sleep onset:	55.0	0.9	limb movement:	0	0.0
during sleep:	10.5	0.2	Spontaneous:	67	14.4
after sleep:	44.5	0.7	Awakenings	3	0.4
			Arousals & Awakenings	100	21.5
Minutes:	Wake 10.5	Stage N1 14.5	Stage N2 181.0	Stage N3 0.0	Stage R 83.0
% TST:		5.2%	65.0%	0.0%	29.8%
Latency:		50.0	53.5	0.0	60.5

Sleep efficiency (%TIB): 72.6%  
Latency to sleep/persistent sleep: 50.0m, 50.0m

RESPIRATORY:		#	Index	NREM	REM	Back	L Side	R Side	Prone
Apneas	obstructive	1	0.22	Sleep, mins	195.5	83.0	137.5	0.0	121.0
	mixed	0	0.00	%TST	70.2%	39.8%	56.6%	0.0%	43.4%
	central	0	0.00	#A+H (Medicare)	1	2	3	0	0
	TOTAL	1	0.22	AHI (Medicare)	0.3	1.4	1.1	0.0	0.0
Hypopneas (Medicare)		2	0.43	#A+H (AASM)	5	36	30	0	1
Hypopneas (AASM)		30	6.5	AHI (AASM)	1.5	18.8	11.4	0.0	0.0
Apneas+Hypopneas (Medicare)		3	0.6	CAI	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas (AASM)		31	6.7						
AH duration: mean/longest:		33s, 45s		Apnea duration: mean/longest:		16s, 17s			
%sleep time in apnea/hypopnea:		0.1%, 0.5%		Hypopnea duration: mean/longest:		41s, 45s			

OXIMETRY:		91-100%	81-90%	71-80%	61-70%	0-60%	0-88%	0-89%
TST SaO2, mean/min:	94.0, 90.0	TST minutes	371.9	0.1	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	94.0, 90.0	TST %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		TIB minutes	282.4	0.1	0.0	0.0	0.0	0.0
%TIB/TST below 90%	0.0%, 0.0%	TIB %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

LIMB MOVEMENTS:	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	41	0	44	9.5	Allwake/sleep (mean): 45, 62, 61
PLM with arousal:	-	-	0	0	0	0.0	NREM/REM (mean): 60, 65
							min/max: 54, 74

SCORER TECHNOLOGIST OVERALL  
IMPRESSIONS:  
RECORDING TECH SNORING ANALYSIS:  
EEG/behavior  
Cardiac:

Fair sleep efficiency with no N3 and high amount REM sleep. Respiration index 6.7 per hour with saturation low 90%  
Patient slept back and right side. LM index 9.5 per hour. EKG had PAC. TW  
Moderate to loud snoring.  
N/A  
NSR

PSG Summary

Page 1 of 2



Printed on 4/19/2021 9:39:48 AM

Page 3 of 11

Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

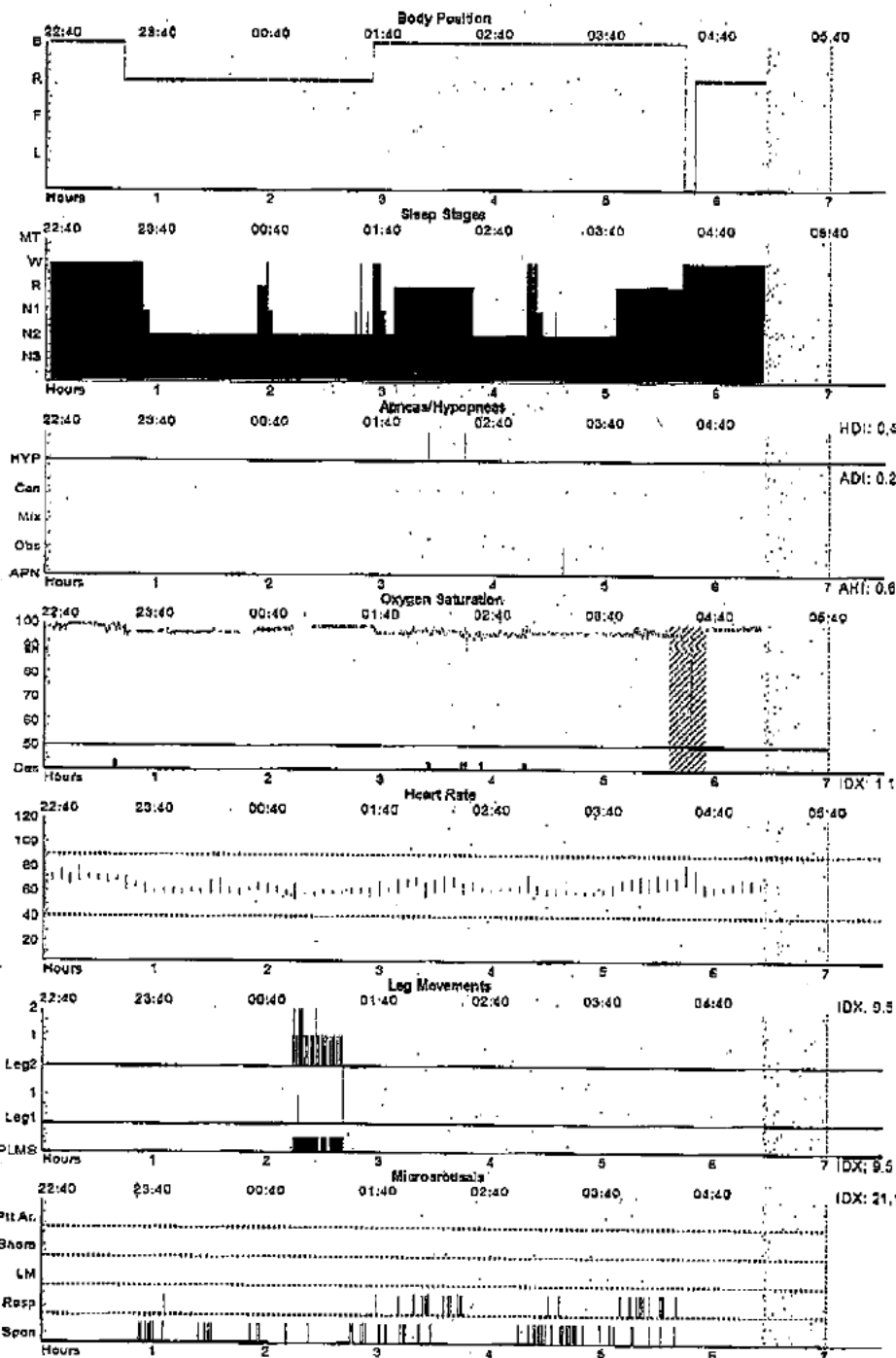
03/01/2021 15:29

(FAX)

P.003/011

MR# 60000731641 - Acct# 10323372089

10/18/2020



PSG Summary

Page 2 of 2



Printed on 4/19/2021 9:39:48 AM

Page 4 of 11

Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:30

(FAX)

P.004/011

MR# 60000731641 - Acct# 10323372089

10/18/2020

Providence Sleep Health Institute  
900 Pacific Ave, Everett, WA 98201 (425)-258-7400  
PSG SPLIT NIGHT REPORT

Patient Name: [REDACTED] Study date / Type / Room: 10/18/2020 SPLIT 6  
Date of Birth: 7/17/1957 Details: male, 53 yrs, Ht 70 in, Wt 180 lb, BMI 25.8  
CSN# 10323372089 Collection/Scoring: Jon Rollman, / Tim Winchester  
Ordering/Reading Physician: SRIDAR CHALAKA, MD / DAVID RUSSIAN, MD MRN# 60000731641

TECHNICAL: Montage: EEG; chin EMG; EOG; RAT; LAT; EKG; respiratory effort; airflow; oximetry; positive airway pressure; video  
Definitions: Apnea: GE10s, 90+% drop of airflow; Hypopnea: 10+s, 30-90% drop of flow, 4+% desat (per AASM acceptable criteria). Lights Out: 22:43 Lights On: 05:06  
Test details: SPLIT, PAP: N/A, Masks & Accessories: N/A Sleep Start: 23:33 Sleep End: 04:22

## Baseline Portion

SLEEP STAGES:	Minutes	Hours	Arousal:	#	Index
Time in bed:	0.0	0.0	Respiratory;	0	0.0
Total sleep time (TST)	0.0	0.0	limb movement;	0	0.0
NREM sleep time:	0.0	0.0	Spontaneous;	0	0.0
REM sleep time:	0.0	0.0	Awakenings	0	0.0
Wake after sleep onset:	0.0	0.0	Arousal & Awakenings	0	0.0
during sleep:	0.0	0.0			
after sleep:	0.0	0.0			

Minutes:	Wake	Stage N1	Stage N2	Stage N3	Stage R	
0.0	0.0	0.0	0.0	0.0	0.0	Sleep efficiency (%TIB): 0.0%
% TST:	-1.5%	-1.5%	-1.5%	-1.5%		Latency to sleep/persistent sleep: 0.0m, 0.0m
Latency:	0.0	0.0	0.0	0.0		Baseline Start: 00:00 Baseline End: 00:00 Sleep Start: 22:43

RESPIRATORY:	#	Index	NREM	REM	Back	L Side	R Side	Prone
Apneas obstructive	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
mixed	0	0.00	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
central	0	0.00	0	0	0	0	0	0
TOTAL	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
Hypopneas	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
AH duration: mean/longest:	00s, 0s		Apnea duration: mean/longest:	00s, 0s				
% sleep time in apnea/hypopnea:	-1.5%, -1.5%		Hypopnea duration: mean/longest:	00s, 0s				

OXIMETRY:	91-100%	81-90%	71-80%	61-70%	0-60%	0-55%
TST SaO2, mean/min:	0.0, --	TST minutes	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	--	TST %	0.0%	0.0%	0.0%	0.0%
		TIB minutes	0.0	0.0	0.0	0.0
		TIB %	0.0%	0.0%	0.0%	0.0%
%TIB/TST below 90%	0.0%, 0.0%					

LIMB MOVEMENTS:	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	0.0	0	0	0.0	All/awake/sleep (mean): +1, 0, 0
PLM with arousal:	0	0	0	0	0	0.0	NREM/REM (mean): 0, 0
							min/max: 0, 0

Split Night Report

Page 1 of 4



Printed on 4/19/2021 9:39:48 AM

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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:30

(FAX)

P.005/011

DOB 07/17/1957

10/18/2020

## CPAP Portion

## SLEEP STAGES:

	Minutes	Hours	Arousal:	#	Index
Time in bed:	383.5	6.4	Respiratory:	38	12.5
Total sleep time (TST)	278.5	4.6	limb movement:	0	0.0
NREM sleep time:	195.5	3.3	Spontaneous:	67	14.4
REM sleep time:	83.0	1.4	Awakenings	2	0.4
Wake after sleep onset:	55.0	0.9	Arousal & Awakenings	60	12.9
during sleep:	10.5m	0.2			
after sleep:	44.5	0.7			

	Wake	Stage N1	Stage N2	Stage N3	Stage R	
Minutes:	10.5	0.0	0.0	0.0	83.0	Sleep efficiency (%TIB): 73.6%
% TST:	-	1.3%	65.0%	0.0%	39.8%	Latency to sleep/persistent sleep: \$0.0, \$0.0
Latency:	-	\$0.0	\$3.5	0.0	60.5	CPAP Start: 22:43

CPAP End: 05:06

Sleep End: 03:32

RESPIRATORY:		#	Index	NREM	REM	Back	L Side	R Side	Prone
Apneas	obstructive	1	0.22	Sleep, mins	195.5	83.0	157.5	0.0	121.0
	mixed	0	0.00	%TST	70.3%	29.8%	56.6%	0.0%	43.4%
	central	0	0.00	%A+H	1	2	3	0	0
	TOTAL	1	0.22	AHI	0.3	1.4	1.1	0.0	0.0
Hypopneas:		2	0.43	CAHI	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas		3	0.6						

AH duration: mean/longest: 33s, 45s Apnea duration: mean/longest: 16s, 17s

%sleep time in apnea/hypopnea: 0.1%, 0.3% Hypopnea duration: mean/longest: 41s, 43s

## OXIMETRY:

		TST minutes	91-100%	81-90%	71-80%	61-70%	5-60%	0-55%
TST SaO2, mean/min:	94.0, 90.0	271.9	0.1	0.0	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	94.0, 90.0	TST %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
%TIB/TST below 90%	0.0%, 0.0%	TIB minutes	283.4	0.1	0.0	0.0	0.0	0.0
		TIB %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## LIMB MOVEMENTS:

	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	44.0	0	44	9.5	AB/wake/sleep (mean): 91, 62, 61
PLM with arousal:	-	-	0	0	0	0.0	NREM/REM (mean): 60, 65
							min/max: 54, 74

## SCORER TECHNOLOGIST

## OVERALL IMPRESSIONS:

Fair sleep efficiency with no N3 and high amount REM sleep. Respiration index 6.7 per hour with saturation low 90%. Patient slept back and right side. LM Index 9.5 per hour. EKG had PAC. TW

## RECORDING TECH SNORING

## ANALYSIS:

Moderate to loud snoring

## EEG/behavior

N/A

## Cardiac:

NSR



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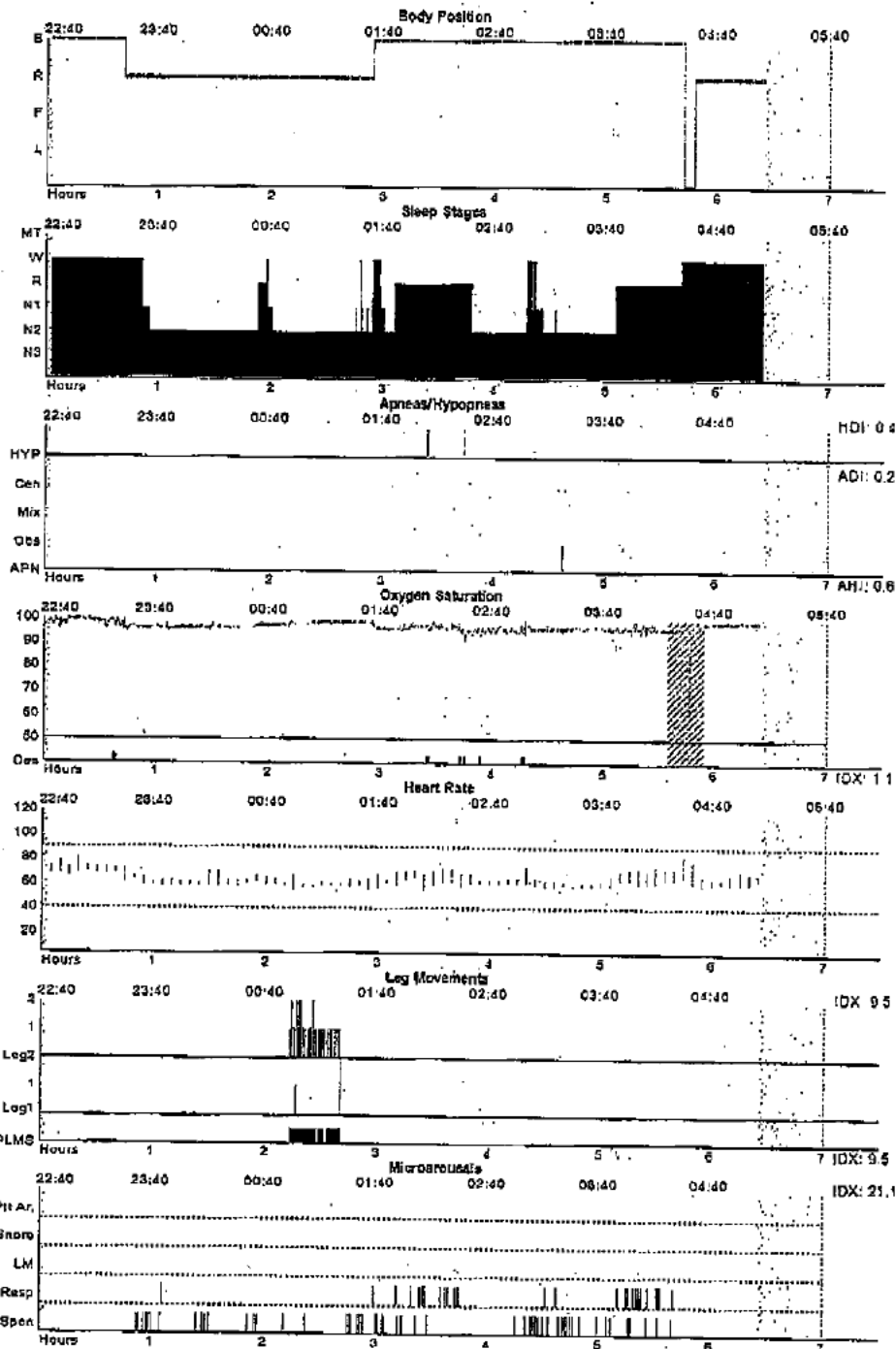
Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:31

(FAX)

P.006/011

10/18/2020



Split Night Report

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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM  
PROVIDENCE FROM EVERETT

03/01/2021 15:31

(FAX)

P.008/011

**WWMG Pulmonary**

12728 18th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118

Printed March 1, 2021

Page 1

Male DOB: 07/17/1957

11/12/2020 - Office Visit: 14 / SS follow up

Provider: David Russian MD

Location of Care: WWMG Pulmonary Marysville

Referring Provider: Jacobson MD Steven C

Primary Provider: Jacobson MD, Steven C

CC: SS follow up.

**History of Present Illness:**

I'm seeing this man in follow-up after sleep study was performed which revealed residual apnea with an apnea popping index of 7 after palatal surgery. Of note, patient's initial apnea popping index was 10. I note that he had a sleep study performed while wearing an appliance where the apnea hypopnea index was calculated at 8.

He persists with daytime sleepiness and with difficulties remaining asleep.

**CC**

PCP: Jacobson MD, Steven C

**Past Medical History:**

Reviewed history from 08/28/2020 and no changes required:

Hypercholesterolemia

h/o depression

**Past Surgical History:**

septoplasty, turbinate reduction, and uvulopalatopharyngoplasty. 2020 Ashbach.

**Family History Summary:**

Reviewed history Last on 07/30/2020 and no changes required: 11/12/2020

**General Comments - FH:**

FH Breast CA: mother

FH Prostate CA-1st deg rel: Grandfather

**Social History:**

Reviewed history from 03/23/2015 and no changes required:

Education: College/Tech

Working at Boeing

Widowed ('drank herself to death')

Children: 2 teens (son Nathan and one daughter), one adult child in 2015

Tobacco use has been reviewed with patient.



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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM  
PROVIDENCE FROM EVERETT

03/01/2021 15:32

(FAX)

P.009/011

**WWMG Pulmonary**

12728 19th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118

Printed March 1, 2021

Page 2

Male DOB: 07/17/1957

MRN: [REDACTED]

Ins: BCBS Boeing Grp: 71M131

**Vital Signs**

Entered by: Stephanie McClintock CMA (November 12, 2020 3:50 PM)  
Patient Profile: 63 years old male  
Height: 68.50 inches (173.98 cm)  
Weight: 189 pounds (85.73 kg)  
BMI: 26.42 Weight Change: +6 pounds since 08/28/2020  
O2 Sat: 95%  
O2 Delivered: room air  
Pulse rate: 100 per minute  
Pulse rhythm: Regular  
Resp: 16 per minute  
BP sitting: 124 / 74 (left arm)  
Cuff Size: large

**Problems**

Problems Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
COVID-19 asymptomatic, no exposure, testing results unknown or negative screening (ICD10-Z11.59)  
Nocturia (ICD-788.43) (ICD10-R35.1)  
Somnolence (ICD-780.09) (ICD10-R40.0)  
Periodic limb movement disorder (ICD-327.51) (ICD10-G47.61)  
Obstructive sleep apnea (ICD-327.23) (ICD10-G47.33)  
DEPRESSION, MAJOR, INITIAL, MODERATE (ICD-296.22) (ICD10-F32.1)  
INSOMNIA (ICD-780.52) (ICD10-G47.00)  
SEBACEOUS CYST (ICD-706.2) (ICD10-L72.3)  
SMOKER (ICD-305.1) (ICD10-F17.200)  
Hypercholesterolemia (ICD-272.0) (ICD10-E78.0)  
FH PROSTATE CA-1ST DEG REL (ICD-V16.42) (ICD10-Z80.42)

**Medications**

Medications Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
TAMSULOSIN HCL 0.4 MG ORAL CAPSULE (TAMSULOSIN HCL) take 1 tab by mouth daily; Route: ORAL  
CLONAZEPAM 0.5 MG ORAL TABLET (CLONAZEPAM) One tablet at bedtime; Route: ORAL  
CLONAZEPAM 0.25 MG ORAL TABLET DISINTEGRATING (CLONAZEPAM) One tablet at bedtime; Route: ORAL

**Allergies**

Allergies Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
No Known Allergies

**Blood Pressure:**

Today's BP: 124/74 mm Hg  
BP Goal: 140/90 mm Hg  
JNC VIII Rec. BP Goals: < 150/90 mm Hg

**Labwork:**

Most Recent Lab Results:



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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM  
PROVIDENCE FROM EVERETT

03/01/2021 15:32

(FAX)

P.010/011

**WWMG Pulmonary**12728 19th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118Printed March 1, 2021  
Page 3

Male DOB: 07/17/1957

MRN: [REDACTED]

Ins: BCBS Boeing Grp: 7IM131

LDL: 187 mg/dL 11/05/2010

**Data Interpretation at this Visit**

Lab -

Epworth Sleepiness Scale: Total out of 24 \_\_\_\_\_

**Impression & Recommendations:**

**Problem # 1:** Obstructive sleep apnea (ICD-327.23) (ICD10-G47.33)  
please see above. He will be returned to his dentist to consider adjustment and/or replacement of a dental appliance. He is not currently using his appliance since it caused pain. I spent to the patient that in combination with his surgery he might achieve additional accrued benefit.

**Problem # 2:** INSOMNIA (ICD-780.52) (ICD10-G47.00)  
this persists as a primary concern. We discussed potential treatments and ultimately a 30 day supply of Zolpidem was provided explained that we would not be providing him this short-term and that this would be an only interim medication to use as needed as he goes through the current process.

**Problem # 3:** Somnolence (ICD-780.09) (ICD10-R40.0)  
please see above. Explain her treatment with Zolpidem would be unlikely to help with this issue.

**Problem # 4:** Periodic limb movement disorder (ICD-327.51) (ICD10-G47.61)  
limb movement associated arousals were not observed during his study.

Several questions were answered. He was appreciative. He will follow-up after an appliance is placed to consider additional workup and management.

Please do not hesitate to call if you've any questions. Thank you for having me participate in the care of Mr. Chalk.

**Medications Added to Medication List This Visit:**

1) Tamsulosin Hcl 0.4 Mg Oral Capsule (Tamsulosin hcl) .... Take 1 tab by mouth daily

**Patient Instructions:**

- 1) referral to sleep dentist
- 2) follow-up after sleep dentist evaluation
- 3) 30 day course of Zolpidem

This document may have been generated in part using voice recognition software. Although every effort is made to edit the content, transcription errors may occur.



DOB: 07/17/1957

Encounter Date: 03/02/2021

## Progress Notes

Hane Bjorklund Chalk (MR# W1609276)

### Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Watson, Nathaniel Fletcher, MD	Signed	Watson, Nathaniel Fletcher, MD	3/2/2021 9:36 AM

### Progress Notes

*You have chosen to receive care using Telehealth. Telehealth enables health care providers at different locations to provide safe, effective and convenient care using technology. As with any health care service, there are risks associated with the use of Telehealth, including equipment failure, poor image resolution and information security issues. This exam was initially conducted via a secure 128-bit AES encrypted bi-directional video session.*

*This visit was done during the COVID-19 pandemic.*

I conducted this encounter from home via secure, live, face-to-face video conference with the patient. Hane was located at home. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient, the patient was given an opportunity to ask questions, and verbal consent was obtained. I, Dr. Nathaniel F Watson, MD have reviewed and discussed the information above with the patient.

#### SLEEP CENTER INITIAL CONSULTATION

REFERRING PROVIDER: No ref. provider found

#### CC

We are asked to see this patient referred for consultation from No ref. provider found for evaluation of OSA and insomnia.

#### HISTORY OF PRESENT ILLNESS

[REDACTED] is a 63 year old male presenting with chief complaint of OSA and insomnia. Previous sleep testing has been done. According to the patient he had an original sleep study done with an AHI = 10. He then had an oral appliance fabricated and had a repeat sleep study which revealed an AHI = 8. He did not like the oral appliance and described it as a "mid evil torture device" and subsequently underwent uvulopalatopharyngoplasty. He then underwent another sleep study which revealed an AHI (1 a) of 6.7. At some point along the way it sounds as though his sleep provider diagnosed him with restless leg syndrome and prescribed clonazepam. However the patient is puzzled by this diagnosis and indicates in clinic today that he does not have any symptoms of restless leg syndrome. In addition he did not have an elevated periodic limb movement index and had no periodic limb movement related arousals on his most recent sleep study.

Presently, the patient's biggest sleep problem is insomnia. He states that it takes him 1 to 2 hours to fall asleep despite his best efforts. He has a new bed and sheets and pillows he has blackout blinds and follows good sleep hygiene recommendations but continues to have difficulty with sleep onset insomnia. He goes to bed around 9 PM and can take up to 2 hours to fall asleep. He wakes up at variable times in the morning but sometimes a wake up at 4 AM and have difficulty falling back asleep.

He has tried Pap therapy in the past but really does not like that either and would prefer not to continue to use it.

He does not endorse parasomnias, hypnagogic or hypnopompic hallucinations, sleep paralysis, or cataplexy.



Chalk, Hane Bjorklund (MR # H1609276) DOB: 07/17/1957

Encounter Date: 03/02/2021

The STOP BANG sleep apnea screening score was

Stop Bang Assessment 3/2/2021

S - Do you **SNORE** loudly (louder than talking or  
loud enough to be heard through closed doors)? 1T - Do you often feel **TIRED**, fatigued or sleepy  
during the daytime? 1O - Has anyone ever **OBSERVED** you stop  
breathing while sleeping? 1P - Do you have or are you being treated for high  
blood **PRESSURE**? 0

B - Is your BMI more than 35 kg/m2? 0

A - AGE over 50? 1

G - GENDER male? 1

Score 5

Results Positive

The Epworth Sleepiness Scale score was

EPWORTH SLEEPINESS SCALE 3/2/2021

Sitting and Reading 0

Watching TV 2

Sitting inactive in a public place (e.g a theater or  
a meeting) 0As a passenger in a car for an hour without a  
break 0Lying down to rest in the afternoon when  
circumstances permit 0

Sitting and Talking to Someone 0

Sitting quietly after a lunch without alcohol 0

In a car, while stopped for a few minutes in  
traffic 0

Total Score 2

**REVIEW OF SYSTEMS***Complete review of systems was reviewed and confirmed with the patient as found on the patient's  
questionnaire, which will be scanned into the record.*

I draw attention to the following endorsed positives: eye dryness

**ALLERGIES**

Patient has no known allergies.


**MEDICATIONS**Outpatient Medications Marked as Taking for the 3/2/21 encounter  
(Telemedicine) with Watson, Nathaniel Fletcher, MD

Medication	Sig	Dispense	Refill
• tamsulosin 0.4 MG capsule	Take 1 tablet by mouth.		

**PAST MEDICAL HISTORY**

No past medical history on file.

No past surgical history on file.

**SOCIAL HISTORY**Social History 



DOB: 07/17/1957

Encounter Date: 03/02/2021

Fear of Not on file  
current or ex  
partner:  
Emotionally Not on file  
abused:  
Physically Not on file  
abused:  
Forced Not on file  
sexual  
activity:

Other Topics Concern

• Not on file

Social History Narrative

• Not on file

**FAMILY HISTORY**

RLS

I personally reviewed and confirmed the family history in the record with the patient today.

**PHYSICAL EXAM**

Ht 5' 10" (1.778 m) | Wt 190 lb (86.2 kg) | BMI 27.26 kg/m<sup>2</sup>

No flowsheet data found.

GEN: pleasant, NAD

HEENT: Sclerae anicteric. No ptosis. EOMI B.

Oropharyngeal exam reveals Modified Mallampati airway class is: *Class 4: Only Hard Palate visible* with 0 tonsils, *normal* tongue, UPPP, arched palate.

RESP: Normal effort

NEURO: Grossly normal to observation

PSYCH: Alert and oriented times 3

**ASSESSMENT/PLAN**

(G47.33) Obstructive sleep apnea (primary encounter diagnosis)

Plan: REFERRAL TO ORAL MED/DENTISTRY

This patient has a prior diagnosis of mild sleep disordered breathing that has been treated with UPPP as well as an oral appliance and Pap therapy in the past. The patient continues to have some mild sleep apnea with mostly insomnia symptoms following his UPPP and I think he is most interested in getting onto an oral appliance that would be more comfortable for him. Considering the mildness of his residual sleep apnea I think this is appropriate. As a result I have referred him to Premier sleep in Bellevue in order to assess his current appliance to see whether or not they could adjust to make it more comfortable or fabricate a new appliance for the patient.

(F51.04) Psychophysiological insomnia

Plan: REFERRAL TO PSYCHOLOGY, zolpidem 10 MG tablet

This patient's insomnia is his biggest sleep issue right now. He uses Ambien with some success. He has never undergone cognitive behavioral therapy for insomnia and therefore I will make a referral to Dr. Barb McCann to undergo this treatment modality.

The patient has erroneously been diagnosed with restless leg syndrome. I will have him wean off his clonazepam by taking it every other day for a week and then taking a one half of a 0.5 mg tablet every other day for a week after which she will then discontinue the medication.

I have prescribed Ambien, 10 mg, #30, with 4 refills for the patient to take for his insomnia as he goes through the CBT-I program. Hopefully, we will be able to wean him off this medication in the future.

The patient will follow up with me in 6 months time hopefully at that point he will of undergone CBT-I and had his oral appliance issues addressed.



**UW MEDICINE REFERRAL SUMMARY REPORT**

Priority: Routine  
Referral Date: Mar 2, 2021 9:23 AM  
Referral #: 11055598

Service Start Date: 03/02/2021 Expiration Date: 03/02/2022

[REDACTED]  
MRN: U2251931  
Date of Birth: 7/17/1957 Gender: male  
Language: English

[REDACTED]  
[REDACTED] Phone: [REDACTED]

Payor: BCBS OF ILLINOIS - BOEING  
Plan: BCBS OF ILLINOIS-BOEING  
[REDACTED]

Authorization Number: None

**Diagnosis Codes:**

Diagnoses:  
G47.33 (ICD-10-CM) - 327.23 (ICD-9-CM) - Obstructive sleep apnea

**Procedure Codes:**

Procedures:  
REFERRAL TO ORAL MED/DENTISTRY [1009043]

**Linked Charges/ CPT (for radiology only)**

**Ordering Provider Comments:** REFERRAL TO ORAL MED/DENTISTRY [130814674]  
Coverage for this visit--Payor: BCBS OF ILLINOIS - BOEING / Plan: BCBS OF ILLINOIS-BOEING / Product Type: blue shield  
REASON FOR REFERRAL: 63 year old male for OA to treat OSA.  
Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required.

**Order Specific Questions:**  
Do you want to track this referral? No

**Referral Order Scheduling Instructions:** Referral to: Non-UW Medicine Dentist: Dr. Carstensen at Premiere Sleep in Bellvue----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

**Referral Type:** Specialty Visit



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Chalk, Hane Bjorklund Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:29

(FAX)

P.002/011

MR# 60000731641 - Acc# 10323372089

10/18/2020

Providence Sleep Health Institute  
900 Pacific Ave, Everett, WA 98201 (425)-258-7400  
POLYSOMNOGRAPHY REPORT

Patient Name: [REDACTED] Study date / Type / Room: 10/18/2020 SPLIT 6  
Date of Birth: [REDACTED] Details: male, 63 yrs, Ht 70 in, Wt 180 lb, BMI 25.8  
CSN# [REDACTED] Collection/Scoring: Jon Hoffman, / Tim Winchester  
Ordering/Reading Physician: SRIDAR CHALAKA, MD / DAVID RUSSIAN, MD MRN# 60000731641

TECHNICAL: AASM Recommended Montage: EEG; chin EMG; EOG; RAT; LAT; EKG; respiratory effort; airflow;  
snoring; oximetry; video.  
Definitions: Apnea: GE10s, 90+% drop of airflow; Hypopnea (Medicare): 10+%, 30-90% drop of flow, 4+% desat (or, if AHI <10) Hypopnea (AASM) scored as: 10+%, 30- 90% drop of flow, 3+% desat &/or arousal. AASM AHI will be the same as Medicare AHI if Medicare AHI GE10.  
Test details: Adult PSG  
Lights Out: 22:43 Lights On: 05:06  
Sleep Start: 23:35 Sleep End: 04:22

SLEEP STAGES:	Minutes	Hours		#	Index
Time in bed:	383.5	6.4			
Total sleep time (TST)	278.5	4.6			
NREM sleep time:	195.5	3.3	Arousal:	98	21.1
REM sleep time:	83.0	1.4	Respiratory:	31	6.7
Wake after sleep onset:	55.0	0.9	limb movement:	0	0.0
during sleep:	10.5	0.2	Spontaneous:	67	14.4
after sleep:	44.5	0.7	Awakenings	3	0.4
			Arousals & Awakenings	100	21.5
Minutes:	Wake 10.5	Stage N1 14.5	Stage N2 181.0	Stage N3 0.0	Stage R 83.0
% TST:		5.2%	65.0%	0.0%	29.8%
Latency:		50.0	53.5	0.0	60.5

Sleep efficiency (%TIB): 72.6%  
Latency to sleep/persistent sleep: 50.0m, 50.0m

RESPIRATORY:		#	Index	NREM	REM	Back	L Side	R Side	Prone
Apneas	obstructive	1	0.22	Sleep, mins	195.5	83.0	137.5	0.0	121.0
	mixed	0	0.00	%TST	70.2%	39.8%	56.6%	0.0%	43.4%
	central	0	0.00	#A+H (Medicare)	1	2	3	0	0
	TOTAL	1	0.22	AHI (Medicare)	0.3	1.4	1.1	0.0	0.0
Hypopneas (Medicare)		2	0.43	#A+H (AASM)	5	36	30	0	1
Hypopneas (AASM)		30	6.5	AHI (AASM)	1.5	18.8	11.4	0.0	0.5
Apneas+Hypopneas (Medicare)		3	0.6	CAI	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas (AASM)		31	6.7						
AH duration: mean/longest:		33s, 45s		Apnea duration: mean/longest:		16s, 17s			
%sleep time in apnea/hypopnea:		0.1%, 0.5%		Hypopnea duration: mean/longest:		41s, 45s			

OXIMETRY:		91-100%	81-90%	71-80%	61-70%	0-60%	0-88%	0-89%
TST SaO2, mean/min:	94.0, 90.0	TST minutes	371.9	0.1	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	94.0, 90.0	TST %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		TIB minutes	282.4	0.1	0.0	0.0	0.0	0.0
%TIB/TST below 90%	0.0%, 0.0%	TIB %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

LIMB MOVEMENTS:	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	41	0	44	9.5	Allwake/sleep (mean): 45, 62, 61
PLM with arousal:	-	-	0	0	0	0.0	NREM/REM (mean): 60, 65
							min/max: 54, 74

SCORER TECHNOLOGIST OVERALL  
IMPRESSIONS:  
RECORDING TECH SNORING ANALYSIS:  
EEG/behavior  
Cardiac:

Fair sleep efficiency with no N3 and high amount REM sleep. Respiration index 6.7 per hour with saturation low 90%  
Patient slept back and right side. LM index 9.5 per hour. EKG had PAC. TW  
Moderate to loud snoring.  
N/A  
NSR

PSG Summary

Page 1 of 2



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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

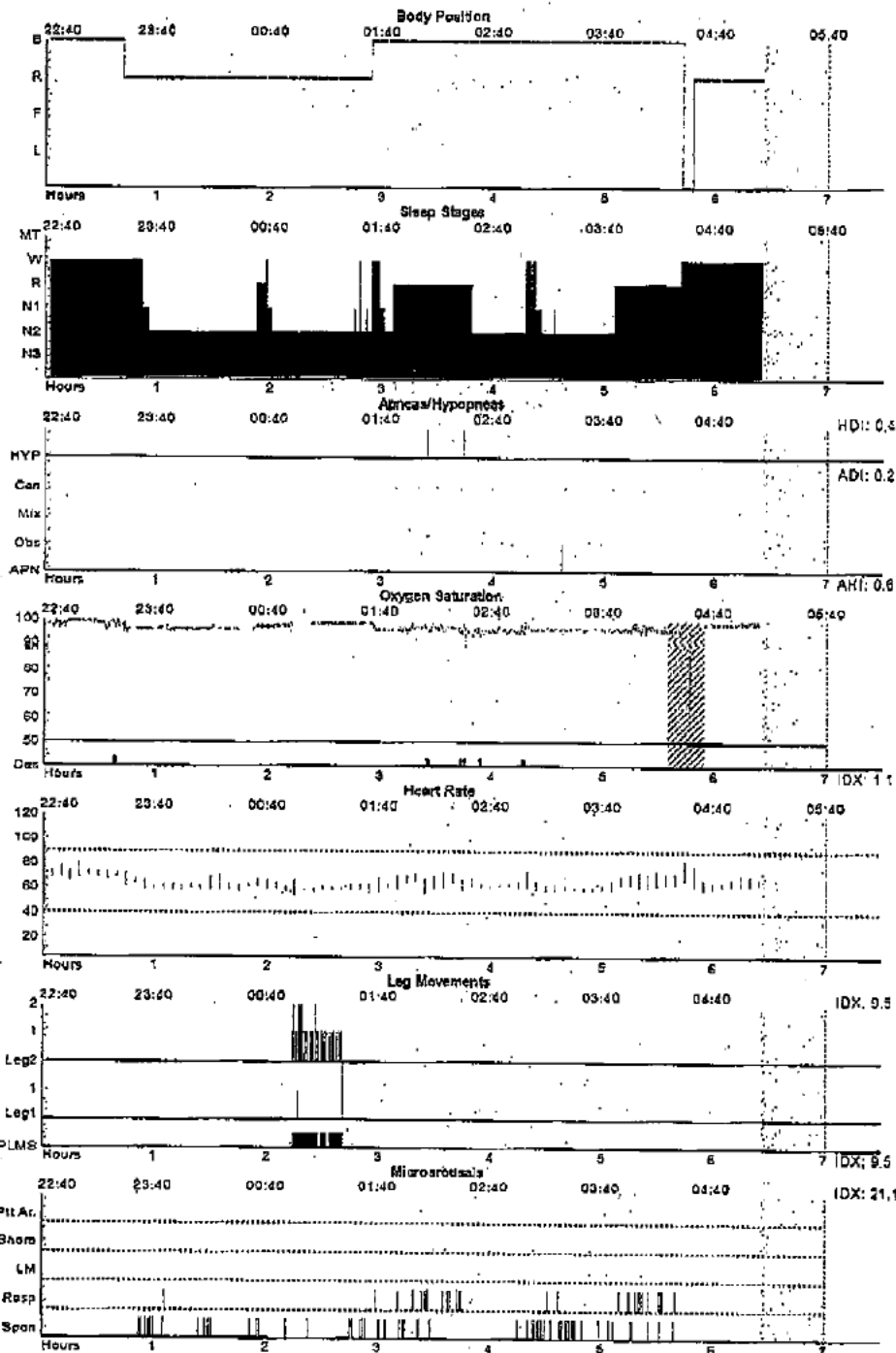
03/01/2021 15:29

(FAX)

P.003/011

MR# 60000731641 - Acct# 10323372089

10/18/2020



PSG Summary

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Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

03/01/2021 15:30

(FAX)

P.004/011

MR# 60000731641 - Acct# 10323372089

10/18/2020

Providence Sleep Health Institute  
900 Pacific Ave, Everett, WA 98201 (425)-258-7400  
PSG SPLIT NIGHT REPORT

Patient Name: [REDACTED] Study date / Type / Room: 10/18/2020 SPLIT 6  
Date of Birth: 7/17/1957 Details: male, 53 yrs, Ht 70 in, Wt 180 lb, BMI 25.8  
CSN# 10323372089 Collection/Scoring: Jon Rollman, / Tim Winchester  
Ordering/Reading Physician: SRIDAR CHALAKA, MD / DAVID RUSSIAN, MD MRN# 60000731641

TECHNICAL: Montage: EEG; chin EMG; EOG; RAT; LAT; EKG; respiratory effort; airflow; oximetry; positive airway pressure; video  
Definitions: Apnea: GE10s, 90+% drop of airflow; Hypopnea: 10+%, 30-90% drop of flow, 4+% desat (per AASM acceptable criteria). Lights Out: 22:43 Lights On: 05:06  
Test details: SPLIT, PAP: N/A, Masks & Accessories: N/A Sleep Start: 23:33 Sleep End: 04:22

## Baseline Portion

SLEEP STAGES:	Minutes	Hours	Arousal:	#	Index
Time in bed:	0.0	0.0	Respiratory;	0	0.0
Total sleep time (TST)	0.0	0.0	limb movement;	0	0.0
NREM sleep time:	0.0	0.0	Spontaneous;	0	0.0
REM sleep time:	0.0	0.0	Awakenings	0	0.0
Wake after sleep onset:	0.0	0.0	Arousal & Awakenings	0	0.0
during sleep:	0.0	0.0			
after sleep:	0.0	0.0			

Minutes:	Wake	Stage N1	Stage N2	Stage N3	Stage R	
0.0	0.0	0.0	0.0	0.0	0.0	
% TST:	-1.5%	-1.5%	-1.5%	-1.5%		Sleep efficiency (%TIB): 0.0%
Latency:	0.0	0.0	0.0	0.0		Latency to sleep/persistent sleep: 0.0m, 0.0m
						Baseline Start: 00:00
						Baseline End: 00:00

RESPIRATORY:	#	Index	NREM	REM	Back	L Side	R Side	Prone
Apnea obstructive	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
mixed	0	0.00	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
central	0	0.00	0	0	0	0	0	0
TOTAL	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
Hypopneas:	0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
AH duration: mean/longest:	00s, 0s		Apnea duration: mean/longest:	00s, 0s				
% sleep time in apnea/hypopnea:	-1.5%, -1.5%		Hypopnea duration: mean/longest:	00s, 0s				

OXIMETRY:	91-100%	81-90%	71-80%	61-70%	0-60%	0-55%
TST SaO2, mean/min:	0.0, --	TST minutes	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	--	TST %	0.0%	0.0%	0.0%	0.0%
		TIB minutes	0.0	0.0	0.0	0.0
		TIB %	0.0%	0.0%	0.0%	0.0%

LIMB MOVEMENTS:	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	0.0	0	0	0.0	All/awake/sleep (mean): +1, 0, 0
PLM with arousal:	0	0.0	0.0	0	0	0.0	NREM/REM (mean): 0, 0
							min/max: 0, 0



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03/01/2021 15:30

(FAX)

P.005/011

DOB 07/17/1957

10/18/2020

## CPAP Portion

## SLEEP STAGES:

	Minutes	Hours	Arousal:	#	Index
Time in bed:	383.5	6.4	Respiratory:	38	12.5
Total sleep time (TST)	278.5	4.6	limb movement:	0	0.0
NREM sleep time:	195.5	3.3	Spontaneous:	67	14.4
REM sleep time:	83.0	1.4	Awakenings	2	0.4
Wake after sleep onset:	55.0	0.9	Arousals & Awakenings	60	12.9
during sleep:	10.5m	0.2			
after sleep:	44.5	0.7			

	Wake	Stage N1	Stage N2	Stage N3	Stage R	
Minutes:	10.5	0.0	0.0	0.0	83.0	Sleep efficiency (%TIB): 73.6%
% TST:	-	1.3%	65.0%	0.0%	29.8%	Latency to sleep/persistent sleep: \$0.0, \$0.0
Latency:	-	\$0.0	\$3.5	0.0	60.5	CPAP Start: 22:43

CPAP End: 05:06

Sleep End: 03:32

RESPIRATORY:		#	Index	NREM	REM	Back	L Side	R Side	Prone
Apneas	obstructive	1	0.22	Sleep, mins	195.5	83.0	157.5	0.0	121.0
	mixed	0	0.00	%TST	70.3%	29.8%	56.6%	0.0%	43.4%
	central	0	0.00	%A+H	1	2	3	0	0
	TOTAL	1	0.22	AHI	0.3	1.4	1.1	0.0	0.0
Hypopneas:		2	0.43	CAHI	0.0	0.0	0.0	0.0	0.0
Apneas+Hypopneas		3	0.6						

AH duration: mean/longest: 33s, 45s Apnea duration: mean/longest: 16s, 17s

%sleep time in apnea/hypopnea: 0.1%, 0.3% Hypopnea duration: mean/longest: 41s, 43s

## OXIMETRY:

		TST minutes	91-100%	81-90%	71-80%	61-70%	5-60%	0-55%
TST SaO2, mean/min:	94.0, 90.0	271.9	0.1	0.0	0.0	0.0	0.0	0.0
TIB SaO2, mean/min:	94.0, 90.0	TST %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
%TIB/TST below 90%	0.0%, 0.0%	TIB minutes	283.4	0.1	0.0	0.0	0.0	0.0
		TIB %	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## LIMB MOVEMENTS:

	Wake	Index	NREM	REM	Sleep	Index	HEART RATE (bpm):
PLM:	0	0.0	44.0	0	44	9.5	AB/wake/sleep (mean): 91, 62, 61
PLM with arousal:	-	-	0	0	0	0.0	NREM/REM (mean): 60, 65
							min/max: 54, 74

## SCORER TECHNOLOGIST

## OVERALL IMPRESSIONS:

Fair sleep efficiency with no N3 and high amount REM sleep. Respiration index 6.7 per hour with saturation low 90%. Patient slept back and right side. LM Index 9.5 per hour. EKG had PAC. TW

## RECORDING TECH SNORING

## ANALYSIS:

Moderate to loud snoring

## EEG/behavior

N/A

## Cardiac:

NSR



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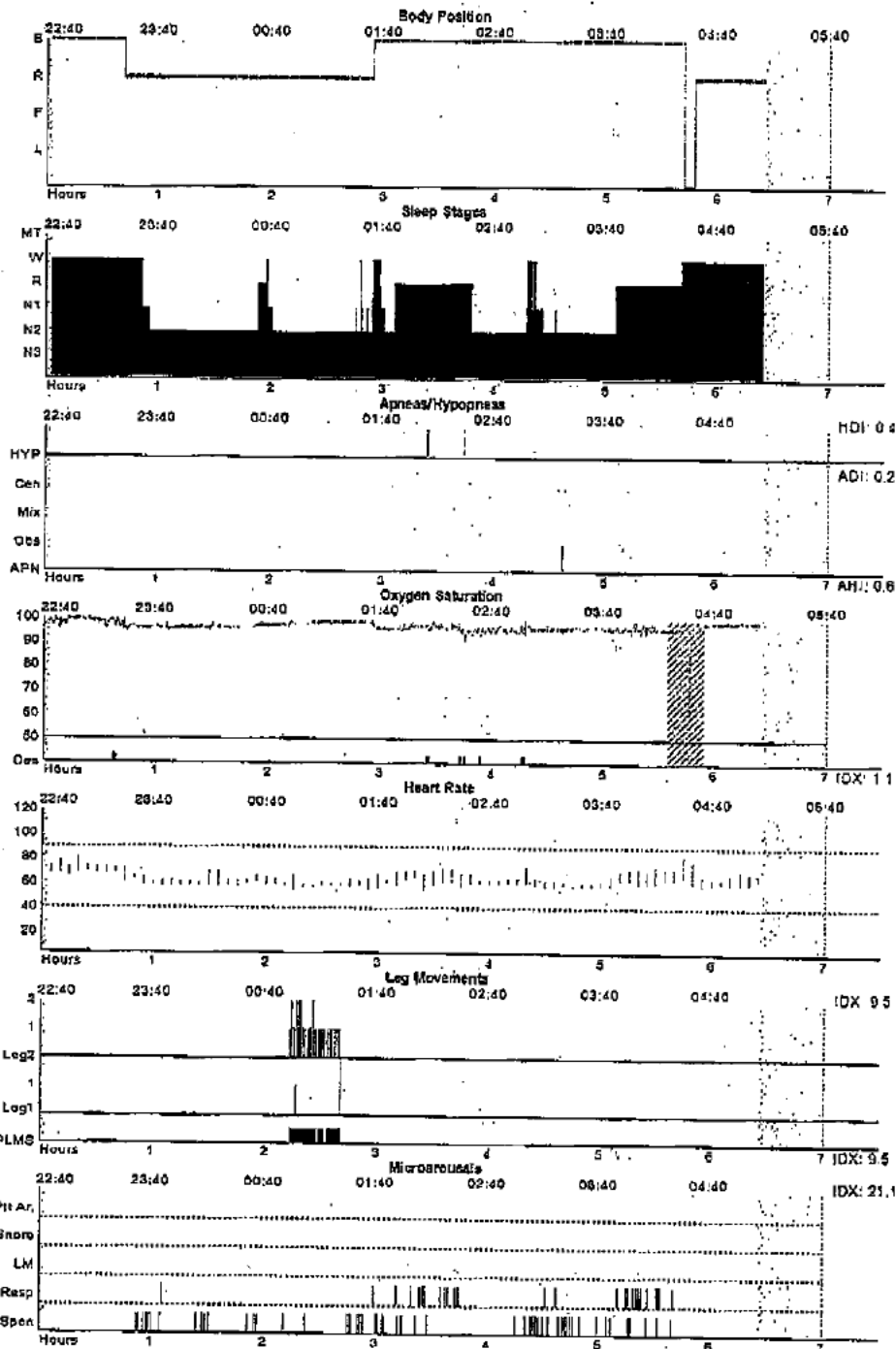
Scan on 3/1/2021 by Soria, Pacita C, Coordinator [1508752] of SLEEP RECORDS FROM PROVIDENCE FROM EVERETT

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(FAX)

P.006/011

10/18/2020



Split Night Report

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03/01/2021 15:31

(FAX)

P.008/011

**WWMG Pulmonary**

12728 18th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118

Printed March 1, 2021

Page 1

Male DOB: 07/17/1957

11/12/2020 - Office Visit: 14 / SS follow up

Provider: David Russian MD

Location of Care: WWMG Pulmonary Marysville

Referring Provider: Jacobson MD Steven C

Primary Provider: Jacobson MD, Steven C

CC: SS follow up.

**History of Present Illness:**

I'm seeing this man in follow-up after sleep study was performed which revealed residual apnea with an apnea popping index of 7 after palatal surgery. Of note, patient's initial apnea popping index was 10. I note that he had a sleep study performed while wearing an appliance where the apnea hypopnea index was calculated at 8.

He persists with daytime sleepiness and with difficulties remaining asleep.

**CC**

PCP: Jacobson MD, Steven C

**Past Medical History:**

Reviewed history from 08/28/2020 and no changes required:

Hypercholesterolemia

h/o depression

**Past Surgical History:**

septoplasty, turbinate reduction, and uvulopalatopharyngoplasty. 2020 Ashbach.

**Family History Summary:**

Reviewed history Last on 07/30/2020 and no changes required: 11/12/2020

**General Comments - FH:**

FH Breast CA: mother

FH Prostate CA-1st deg rel: Grandfather

**Social History:**

Reviewed history from 03/23/2015 and no changes required:

Education: College/Tech

Working at Boeing

Widowed ('drank herself to death')

Children: 2 teens (son Nathan and one daughter), one adult child in 2015

Tobacco use has been reviewed with patient.



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PROVIDENCE FROM EVERETT

03/01/2021 15:32

(FAX)

P.009/011

**WWMG Pulmonary**

12728 19th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118

Printed March 1, 2021

Page 2

Male DOB: 07/17/1957

MRN: [REDACTED]

Ins: BCBS Boeing Grp: 71M131

**Vital Signs**

Entered by: Stephanie McClintock CMA (November 12, 2020 3:50 PM)  
Patient Profile: 63 years old male  
Height: 68.50 inches (173.98 cm)  
Weight: 189 pounds (85.73 kg)  
BMI: 28.42 Weight Change: +6 pounds since 08/28/2020  
O2 Sat: 95%  
O2 Delivered: room air  
Pulse rate: 100 per minute  
Pulse rhythm: Regular  
Resp: 16 per minute  
BP sitting: 124 / 74 (left arm)  
Cuff Size: large

**Problems**

Problems Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
COVID-19 asymptomatic, no exposure, testing results unknown or negative screening (ICD10-Z11.59)  
Nocturia (ICD-788.43) (ICD10-R35.1)  
Somnolence (ICD-780.09) (ICD10-R40.0)  
Periodic limb movement disorder (ICD-327.51) (ICD10-G47.61)  
Obstructive sleep apnea (ICD-327.23) (ICD10-G47.33)  
DEPRESSION, MAJOR, INITIAL, MODERATE (ICD-296.22) (ICD10-F32.1)  
INSOMNIA (ICD-780.52) (ICD10-G47.00)  
SEBACEOUS CYST (ICD-706.2) (ICD10-L72.3)  
SMOKER (ICD-305.1) (ICD10-F17.200)  
Hypercholesterolemia (ICD-272.0) (ICD10-E78.0)  
FH PROSTATE CA-1ST DEG REL (ICD-V16.42) (ICD10-Z80.42)

**Medications**

Medications Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
TAMSULOSIN HCL 0.4 MG ORAL CAPSULE (TAMSULOSIN HCL) take 1 tab by mouth daily; Route: ORAL  
CLONAZEPAM 0.5 MG ORAL TABLET (CLONAZEPAM) One tablet at bedtime; Route: ORAL  
CLONAZEPAM 0.25 MG ORAL TABLET DISINTEGRATING (CLONAZEPAM) One tablet at bedtime; Route: ORAL

**Allergies**

Allergies Reviewed by Stephanie McClintock CMA on 11/12/2020 1:56:10 PM  
No Known Allergies

**Blood Pressure:**

Today's BP: 124/74 mm Hg  
BP Goal: 140/90 mm Hg  
JNC VIII Rec. BP Goals: < 150/90 mm Hg

**Labwork:**

Most Recent Lab Results:



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PROVIDENCE FROM EVERETT

03/01/2021 15:32

(FAX)

P.010/011

**WWMG Pulmonary**

12728 19th Ave SE Ste 300 Everett, WA 98208  
(425) 252-1116 Fax: (425) 252-1118

Printed March 1, 2021  
Page 3

Male DOB: 07/17/1957

MRN: [REDACTED]

Ins: BCBS Boeing Grp: 7IM131

LDL: 187 mg/dL 11/05/2010

**Data Interpretation at this Visit**

Lab -

Epworth Sleepiness Scale: Total out of 24 \_\_\_\_\_

**Impression & Recommendations:**

**Problem # 1:** Obstructive sleep apnea (ICD-327.23) (ICD10-G47.33)  
please see above. He will be returned to his dentist to consider adjustment and/or replacement of a dental appliance. He is not currently using his appliance since it caused pain. I spent to the patient that in combination with his surgery he might achieve additional accrued benefit.

**Problem # 2:** INSOMNIA (ICD-780.52) (ICD10-G47.00)  
this persists as a primary concern. We discussed potential treatments and ultimately a 30 day supply of Zolpidem was provided explained that we would not be providing him this short-term and that this would be an only interim medication to use as needed as he goes through the current process.

**Problem # 3:** Somnolence (ICD-780.09) (ICD10-R40.0)  
please see above. Explain her treatment with Zolpidem would be unlikely to help with this issue.

**Problem # 4:** Periodic limb movement disorder (ICD-327.51) (ICD10-G47.61)  
limb movement associated arousals were not observed during his study.

Several questions were answered. He was appreciative. He will follow-up after an appliance is placed to consider additional workup and management.

Please do not hesitate to call if you've any questions. Thank you for having me participate in the care of Mr. Chalk.

**Medications Added to Medication List This Visit:**

1) Tamsulosin Hcl 0.4 Mg Oral Capsule (Tamsulosin hcl) .... Take 1 tab by mouth daily

**Patient Instructions:**

- 1) referral to sleep dentist
- 2) follow-up after sleep dentist evaluation
- 3) 30 day course of Zolpidem

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DOB: 07/17/1957

Encounter Date: 03/02/2021

## Progress Notes

Hane Bjorklund Chalk (MR# W1609276)

### Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Watson, Nathaniel Fletcher, MD	Signed	Watson, Nathaniel Fletcher, MD	3/2/2021 9:36 AM

### Progress Notes

*You have chosen to receive care using Telehealth. Telehealth enables health care providers at different locations to provide safe, effective and convenient care using technology. As with any health care service, there are risks associated with the use of Telehealth, including equipment failure, poor image resolution and information security issues. This exam was initially conducted via a secure 128-bit AES encrypted bi-directional video session.*

*This visit was done during the COVID-19 pandemic.*

I conducted this encounter from home via secure, live, face-to-face video conference with the patient. Hane was located at home. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient, the patient was given an opportunity to ask questions, and verbal consent was obtained. I, Dr. Nathaniel F Watson, MD have reviewed and discussed the information above with the patient.

#### SLEEP CENTER INITIAL CONSULTATION

REFERRING PROVIDER: No ref. provider found

#### CC

We are asked to see this patient referred for consultation from No ref. provider found for evaluation of OSA and insomnia.

#### HISTORY OF PRESENT ILLNESS

[REDACTED] is a 63 year old male presenting with chief complaint of OSA and insomnia. Previous sleep testing has been done. According to the patient he had an original sleep study done with an AHI = 10. He then had an oral appliance fabricated and had a repeat sleep study which revealed an AHI = 8. He did not like the oral appliance and described it as a "mid evil torture device" and subsequently underwent uvulopalatopharyngoplasty. He then underwent another sleep study which revealed an AHI (1 a) of 6.7. At some point along the way it sounds as though his sleep provider diagnosed him with restless leg syndrome and prescribed clonazepam. However the patient is puzzled by this diagnosis and indicates in clinic today that he does not have any symptoms of restless leg syndrome. In addition he did not have an elevated periodic limb movement index and had no periodic limb movement related arousals on his most recent sleep study.

Presently, the patient's biggest sleep problem is insomnia. He states that it takes him 1 to 2 hours to fall asleep despite his best efforts. He has a new bed and sheets and pillows he has blackout blinds and follows good sleep hygiene recommendations but continues to have difficulty with sleep onset insomnia. He goes to bed around 9 PM and can take up to 2 hours to fall asleep. He wakes up at variable times in the morning but sometimes a wake up at 4 AM and have difficulty falling back asleep.

He has tried Pap therapy in the past but really does not like that either and would prefer not to continue to use it.

He does not endorse parasomnias, hypnagogic or hypnopompic hallucinations, sleep paralysis, or cataplexy.



Chalk, Hane Bjorklund (MR # H1609276) DOB: 07/17/1957

Encounter Date: 03/02/2021

The STOP BANG sleep apnea screening score was

Stop Bang Assessment 3/2/2021

S - Do you **SNORE** loudly (louder than talking or  
loud enough to be heard through closed doors)? 1T - Do you often feel **TIRED**, fatigued or sleepy  
during the daytime? 1O - Has anyone ever **OBSERVED** you stop  
breathing while sleeping? 1P - Do you have or are you being treated for high  
blood **PRESSURE**? 0

B - Is your BMI more than 35 kg/m2? 0

A - AGE over 50? 1

G - GENDER male? 1

Score 5

Results Positive

The Epworth Sleepiness Scale score was

EPWORTH SLEEPINESS SCALE 3/2/2021

Sitting and Reading 0

Watching TV 2

Sitting inactive in a public place (e.g a theater or  
a meeting) 0As a passenger in a car for an hour without a  
break 0Lying down to rest in the afternoon when  
circumstances permit 0

Sitting and Talking to Someone 0

Sitting quietly after a lunch without alcohol 0

In a car, while stopped for a few minutes in  
traffic 0

Total Score 2

**REVIEW OF SYSTEMS***Complete review of systems was reviewed and confirmed with the patient as found on the patient's  
questionnaire, which will be scanned into the record.*

I draw attention to the following endorsed positives: eye dryness

**ALLERGIES**

Patient has no known allergies.


**MEDICATIONS**Outpatient Medications Marked as Taking for the 3/2/21 encounter  
(Telemedicine) with Watson, Nathaniel Fletcher, MD

Medication	Sig	Dispense	Refill
• tamsulosin 0.4 MG capsule	Take 1 tablet by mouth.		

**PAST MEDICAL HISTORY**

No past medical history on file.

No past surgical history on file.

**SOCIAL HISTORY**Social History 



DOB: 07/17/1957

Encounter Date: 03/02/2021

Fear of Not on file  
current or ex  
partner:  
Emotionally Not on file  
abused:  
Physically Not on file  
abused:  
Forced Not on file  
sexual  
activity:

Other Topics Concern

• Not on file

Social History Narrative

• Not on file

**FAMILY HISTORY**

RLS

I personally reviewed and confirmed the family history in the record with the patient today.

**PHYSICAL EXAM**Ht 5' 10" (1.778 m) | Wt 190 lb (86.2 kg) | BMI 27.26 kg/m<sup>2</sup>

No flowsheet data found.

GEN: pleasant, NAD

HEENT: Sclerae anicteric. No ptosis. EOMI B.

Oropharyngeal exam reveals Modified Mallampati airway class is: *Class 4: Only Hard Palate visible* with 0 tonsils, *normal* tongue, UPPP, arched palate.

RESP: Normal effort

NEURO: Grossly normal to observation

PSYCH: Alert and oriented times 3

**ASSESSMENT/PLAN**

(G47.33) Obstructive sleep apnea (primary encounter diagnosis)

Plan: REFERRAL TO ORAL MED/DENTISTRY

This patient has a prior diagnosis of mild sleep disordered breathing that has been treated with UPPP as well as an oral appliance and Pap therapy in the past. The patient continues to have some mild sleep apnea with mostly insomnia symptoms following his UPPP and I think he is most interested in getting onto an oral appliance that would be more comfortable for him. Considering the mildness of his residual sleep apnea I think this is appropriate. As a result I have referred him to Premier sleep in Bellevue in order to assess his current appliance to see whether or not they could adjust to make it more comfortable or fabricate a new appliance for the patient.

(F51.04) Psychophysiological insomnia

Plan: REFERRAL TO PSYCHOLOGY, zolpidem 10 MG tablet

This patient's insomnia is his biggest sleep issue right now. He uses Ambien with some success. He has never undergone cognitive behavioral therapy for insomnia and therefore I will make a referral to Dr. Barb McCann to undergo this treatment modality.

The patient has erroneously been diagnosed with restless leg syndrome. I will have him wean off his clonazepam by taking it every other day for a week and then taking a one half of a 0.5 mg tablet every other day for a week after which she will then discontinue the medication.

I have prescribed Ambien, 10 mg, #30, with 4 refills for the patient to take for his insomnia as he goes through the CBT-I program. Hopefully, we will be able to wean him off this medication in the future.

The patient will follow up with me in 6 months time hopefully at that point he will of undergone CBT-I and had his oral appliance issues addressed.