



Sleep Disorders Dentistry  
"Snoring & Sleep Apnea Solutions"

John Viviano BSc. DDS  
Diplomate American Board of Dental Sleep Medicine

## PAP Device Recall Assistance Program

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: Dr. \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature: Dr. \_\_\_\_\_

**Provide Provisional OSA Appliance if a Candidate:**

**Call After Consult:**

*Patient is affected by the Philips Respironics device recall and thus qualifies for provisional therapy with a MyTAP oral appliance as a temporary measure while waiting for appropriate PAP device replacement. Once the MyTAP has been delivered and calibration is complete, send a report documenting the patient's subjective status.*

*Physician please fax this Slip and Baseline Sleep Study, prior to patient scheduling appointment.*

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***Please Provide this Slip to Patient for Office Contact Information***