

# MATRx™ Titration Tray Fitting

## Pre-Screening Questionnaire

### PART A: For the Patient – please read and complete this section

Use of the MATRx device may cause:

- Tooth movement or changes in dental occlusion
- Gingival or dental soreness
- Pain or soreness to the temporomandibular joint
- Obstruction of oral breathing
- Excessive salivation

If you HAVE any of the conditions below, you should have a consultation with a sleep dentist who will assess your dental health and be responsible for fitting your MATRx titration trays, if appropriate.

If you DO NOT HAVE any of the conditions below, a healthcare professional (non-dentist) can fit your MATRx titration trays.

- I have a loose tooth or teeth..... YES | NO**
- I have LESS than 6 healthy upper teeth..... YES | NO**
- I have LESS than 6 healthy lower teeth..... YES | NO**
- I have full dentures..... YES | NO**
- I have dental implants..... YES | NO**
- I wear a temporary filling or crown..... YES | NO**
- I have temporomandibular joint (TMJ) pain..... YES | NO**
- I have problems with nasal congestion..... YES | NO**
- Note: The nasal congestion prevents me from breathing when my mouth is closed.
- I have NOT seen a dentist for a regular check up in the past 5 years..... YES | NO**

I have read and understand the information above, and have stated whether I have any of the listed dental conditions. Based on this information:

- I CONSENT to having my MATRx titration trays fitted by a healthcare professional (non-dentist).
- I DO NOT CONSENT to having my MATRx titration trays fitted by a healthcare professional (non-dentist).

Patient's Name (please print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **PART B: For the Healthcare Professional (non-dentist) – please complete this section**

*Healthcare professionals (non-dentists) must receive training from a sleep dentist on how to assess a patient for adequate range of motion, craniofacial abnormalities, bite abnormalities and adequate number of healthy teeth.*

*If the answer is “YES” to any of the statements (Part A or B), the patient should be referred to the sleep dentist for further assessment and MATRx titration tray fitting, if appropriate.*

**The patient has an inadequate range of motion..... YES | NO**

Note: To be fitted with an oral appliance, the patient should be able to protrude their mandible forward and open their jaw widely without significant limitation.

**The patient has a craniofacial and/or bite abnormality..... YES | NO**

**The patient has an inadequate number of healthy UPPER teeth..... YES | NO**

Note: A minimum of 6-10 teeth is recommended (depending on health/location). Do not count broken, infected and loose teeth, or removable or fixed dentures.

**The patient has an inadequate number of healthy LOWER teeth..... YES | NO**

Note: A minimum of 6-10 teeth is recommended (depending on health/location). Do not count broken, infected and loose teeth, or removable or fixed dentures.

I have been trained by a sleep dentist and understand how to assess the patient for the conditions listed in part A and B. Based on the information provided by the patient in part A and from my assessment of the patient in part B, I have determined that:

The patient CAN have their MATRx titration trays fitted by a healthcare professional (non-dentist).

The patient should be referred to the dentist for further assessment and/or MATRx titration tray fitting.

Healthcare Professional’s Name (please print): \_\_\_\_\_

Healthcare Professional’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_