Exhibit D-3: Expanded Patient Case Study (3 of 5)

Application for Diplomate, American Board of Craniofacial Dental Sleep Medicine



PhD)

Candidate Name:		
Date:		
Patient Name (or code):		
Date Treatment Began:		
Date Treatment Ended:		
	case studies must include documentation of the diagnosis of a sleep disorder by a board-certified physician (MD, DC) o
plus pre- and post-treatment	PSGs, and encompass treatment to completion of said patients by the candidate.	
	Patient Case Studies is to establish to the satisfaction of the ABCDSM Examination Committee the candidate's ability kill in a broad spectrum of treatment procedures, which are encompassed within the scope of Craniofacial Dental SI	
examination findings, di	inplaint, history of present illness, pertinent past dental/medical history, clinical and radiographical agnosis, treatment results and case disposition. The specific FDA-approved appliance used in treatment he rationale for its selection must be provided. (<i>Note</i> : Cases involving the use of appliances that are not be accepted.)	nt
	of the patient's past and current history)	
Clinical Examination R	esults	
(i.e. the patient's chief or treatment, etc.)	omplaint, clinical signs and symptoms, a description of the patient's general condition at the inception c	of
Pre-Treatment PSG		
(i.e., a laboratory or hor	me sleep study, read and scored by a board-certified sleep physician, with clear documentation of th	e

a. CBCT, panoramic or full mouth series

Pre-Treatment Diagnostic Images

diagnosis)

- b. Three (3) intraoral images of the patient's occlusion: 1 anterior view, 1 right lateral view plus 1 left lateral view
- c. Photographs of casts/study models as follows:
 - 1 photograph of full upper and lower casts/study models
 - 3 pre-treatment photographs of articulated models in centric occlusion: 1 anterior view, 1 right lateral view, plus 1 left lateral view
 - 3 pre-treatment photographs of casts/study models with bite registration in place: 1 anterior view, 1 right lateral view, plus 1 left lateral view
- d. A photo of the patient's bite registration on articulated casts/models
- e. One (1) anterior view of the patient's dentition with the appliance properly fitted and placed.

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Candidate Name:				
Date:				
Patient Name (or code):				
Date Treatment Began:				
Date Treatment Ended:				
Treatment Plan (i.e., a recommended plan of treatment with alternative plans as appropriate)				
Clinical Procedures				
(i.e., a prese	ntation of the clinical procedures for the case)			
Post-Treatment PSG				
. e., a laboratory or home s	leep study, read and scored by a board-certified sleep			
☐ Documentation of Fo	llow-Up Appointments			
	ments, the last of which must be at least 3 months after	the date of appliance calibration and delivery)		
	,	,,		
☐ General Documentati	tau.			
		other data must be sufficient to derive the		
typewritten documentation nformation recorded.	should be clear and precise; the quality of imaging and	other data must be sufficient to derive the		
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