Exhibit D-4: Expanded Patient Case Study (4 of 5)

Application for Diplomate, American Board of Craniofacial Dental Sleep Medicine



Candidate Name:	
Date:	
Patient Name (or code):	
Date Treatment Began:	
Date Treatment Ended:	
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	ase studies must include documentation of the diagnosis of a sleep disorder by a board-certified physician (MD, DO or Phi PSGs, and encompass treatment to completion of said patients by the candidate.
	atient Case Studies is to establish to the satisfaction of the ABCDSM Examination Committee the candidate's ability, ill in a broad spectrum of treatment procedures, which are encompassed within the scope of Craniofacial Dental Sleep
Typed Case Study Summa	ry/Overview
examination findings, dia	plaint, history of present illness, pertinent past dental/medical history, clinical and radiographic gnosis, treatment results and case disposition. The specific FDA-approved appliance used in treatment e rationale for its selection must be provided. (<i>Note</i> : Cases involving the use of appliances that are <u>not</u> e accepted.)
Dental/Medical History	,
	of the patient's past and current history)
Clinical Examination Re	esults
	mplaint, clinical signs and symptoms, a description of the patient's general condition at the inception of
Pre-Treatment PSG	

(i.e., a laboratory or home sleep study, read and scored by a board-certified sleep physician, with clear documentation of the

Pre-Treatment Diagnostic Images

diagnosis)

- a. CBCT, panoramic or full mouth series
- 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:		
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Treatment Plan (i.e.,	a recommended plan of treatment with alternative plan	s as appropriate)
Clinical Procedures		
	ntation of the clinical procedures for the case)	
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Post-Treatment PSG		
	leep study, read and scored by a board-certified sleep	
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☐ 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)
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General Documentati	on	
	should be clear and precise; the quality of imaging and	other data must be sufficient to derive the
information recorded.	should be clear and precise, the quanty of illiaging and	other data must be sumitient to derive the