



Dr. Leonard S. Kaplan, DDS

2754 Dora Ave., Tavares, FL 32778
 Phone: (352) 742-0484 Fax: (352) 742-0923

Mandibular Advancement Device (MAD) Record

Patient Name: _____

Appointment Date: _____

Type of device: _____

Date:	Times Turned (+ or -):	Comments:

Patient Instructions:

Advance device _____ turn(s) _____ until snoring and other signs of Obstructive Sleep Apnea are diminished. If muscle, TMJ, or tooth discomfort occurs, reverse the last adjustment and wait until you have three days with no pain before continuing advancement. If you experience any prolonged discomfort or have any questions about how to advance your device please contact our office immediately.

Do Not Exceed _____ Turns Total