

Exhibit D-2: Expanded Patient Case Study (2 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:	

AMERICAN BOARD OF
CRANIOFACIAL DENTAL SLEEP MEDICINE
11130 Sunrise Valley Drive, Suite 350
Reston, VA
20191
USA
Phone: 800-322-8651 or 703-234-4142
Fax: 703-435-4390
www.abcdsm-us.org

Patient records for expanded case studies must include documentation of the diagnosis of a sleep disorder by a board-certified physician (MD, DO or PhD) plus pre- and post-treatment PSGs, and encompass treatment to completion of said patients by the candidate.

The purpose of the Expanded Patient Case Studies is to establish to the satisfaction of the ABCDSM Examination Committee the candidate's ability, proficiency and exceptional skill in a broad spectrum of treatment procedures, which are encompassed within the scope of Craniofacial Dental Sleep Medicine practice.

Typed Case Study Summary/Overview

(i.e., patient's chief complaint, history of present illness, pertinent past dental/medical history, clinical and radiographic examination findings, diagnosis, treatment results and case disposition. The specific FDA-approved appliance used in treatment must be identified and the rationale for its selection must be provided. (Note: Cases involving the use of appliances that are not FDA-approved shall not be accepted.)

Dental/Medical History

(i.e., a thorough review of the patient's past and current history)

Clinical Examination Results

(i.e, the patient's chief complaint, clinical signs and symptoms, a description of the patient's general condition at the inception of treatment, etc.)

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 diagnosis)

Pre-Treatment Diagnostic Images

- 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:

Date:

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Reston, VA
20190
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- Treatment Plan**
(i.e., a recommended plan of treatment with alternative plans as appropriate)

- Clinical Procedures**
(i.e., a presentation of the clinical procedures for the case)

- Post-Treatment PSG**
(i.e., a laboratory or home sleep study, read and scored by a board-certified sleep

- Documentation of Follow-Up Appointments**
(at least 3 follow-up appointments, the last of which must be at least 3 months after the date of appliance calibration and delivery)

- General Documentation**
(typewritten documentation should be clear and precise; the quality of imaging and other data must be sufficient to derive the information recorded)