



2983 Long Beach Rd
Oceanside, NY 11572
Phone: (516) 536-5777
Fax: (516) 536-5919
advancedsleepdds.com

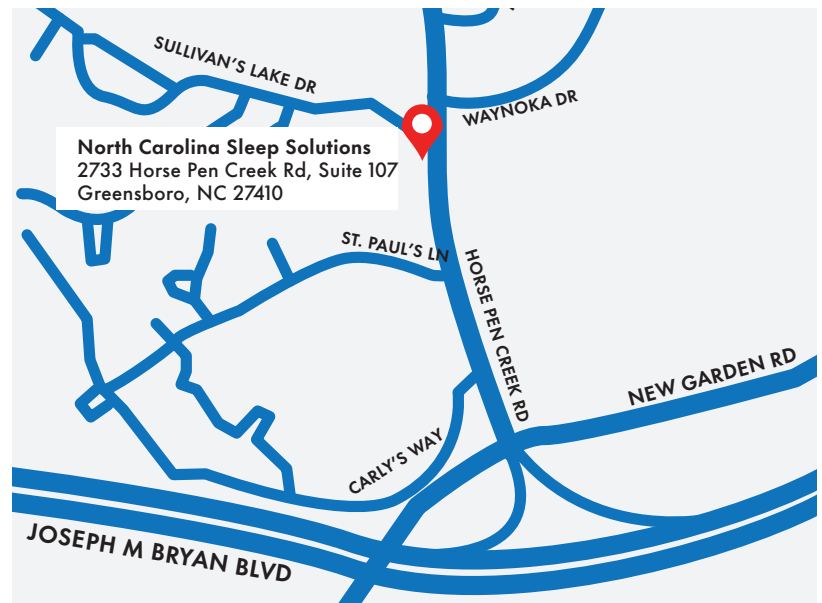
Oral Appliance Therapy for OSA

Oral Appliance Therapy (OAT) offers an effective treatment option for mild to moderate Obstructive Sleep Apnea (OSA) and CPAP non-compliant patients. OAT keeps the airway open during sleep with a custom mandibular advancement device that is small, silent and most importantly, consistently used. Regular use rate with OAT has been objectively measured as 83%* While CPAP has been shown to be more effective at reducing polysomnographic variables in lab settings, due to the higher compliance rate of OAT, it has been shown to be as effective** treating real world health outcomes like daytime sleepiness, quality of life, cognitive performance, high blood pressure, endothelial function and cardiovascular morbidity.

At North Carolina Sleep Solutions, we strive to truly collaborate with physicians. This means regular updates and sharing post-titration sleep test results. We offer home sleep testing but are happy to work with the sleep lab of your choice or accept a sleep test conducted within 5 years. Dr. William Gross, DDS has been treating patients diagnosed with sleep related breathing disorders for over 30 years. Our office is In-Network with all major medical insurance providers, allowing us to focus on our patients health and deliver treatment with a low out-of-pocket cost.

WILLIAM GROSS, DDS

- Treating sleep apnea patients with oral appliance therapy over 30 years
- In-Network with all major medical insurance:
 - Aetna
 - BCBS
 - Cigna
 - Humana
 - TriCare
 - United Healthcare
- Medicare credentialed
- Home Sleep Testing available
- Diagnosis & Prescription by Board Certified Sleep Physician



2733 Horse Pen Creek Road, Suite 107, Greensboro, NC 27410
Phone: (336) 360-6359 | Fax: (833) 255-1294 | northcarolinassleepsolutions.com

All Major Medical Insurance Accepted
Financing available for out-of-pocket expenses

*The objective mean use rate was 6.4 +/- 1.7 h/night at 1 year follow-up in continuing users, with a regular use rate of 83%. Dieltjens M, Braem MJ, Vroegop AVMT, Wouters K, Verbraecken JA, De Backer WA, Van de Heyning PH, Vanderveken OM. Chest. 2013 Nov;144(5):1495-1502. doi: 10.1378/chest.13-0613.

** Head-to-head trials confirm CPAP is superior in reducing OSA parameters on polysomnography; however, this greater efficacy does not necessarily translate into better health outcomes in clinical practice. Comparable effectiveness of OAm and CPAP has been attributed to higher reported nightly use of OAm. Sutherland K, Vanderveken OM, Tsuda H, Marklund M, Gagnadoux F, Kushida CA, Cistulli PA, Oral Appliance Treatment for Obstructive Sleep Apnea: An Update. J Clin Sleep Med. 2014 Feb 15; 10(2): 215-227

Obstructive Sleep Apnea

Answer these 8 simple questions to know your risk

1. Do you snore loudly or have you been told you snore loudly? YES NO
2. Do you experience daytime sleepiness or drowsiness or fatigued driving? YES NO
3. Have you ever stopped breathing while sleeping or been observed choking/gasping for air while sleeping? YES NO
4. Do you have high blood pressure? YES NO
5. BMI >35? YES NO
6. Age >50? YES NO
7. Collar measured around Adam's apple:
 - a. Male: 17 inches / 43cm or more? YES NO
 - b. Female: 16 inches / 41cm or more? YES NO
8. Are you male? YES NO

TOTAL _____

Low Risk

Yes to 0 - 2 questions

Intermediate Risk

Yes to 3 - 4 questions

High Risk

Yes to 5 - 8 questions

Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____

Cell Phone _____ Home phone _____



NORTH CAROLINA
Sleep Solutions

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TriCare & United Healthcare, Medicare credentialed
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