

# Exhibit C: Patient Case Summary Spreadsheet

Application for Diplomate,  
American Board of Craniofacial Dental Sleep Medicine



Candidate Name:

Date:

AMERICAN BOARD OF  
CRANIOFACIAL DENTAL SLEEP MEDICINE  
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A total of five (5) Patient Case Summaries are required.

For each Patient Case Summary, the pre-treatment PSG must be formally interpreted by a board-certified sleep physician (i.e., MD, DO or PhD) whose diagnosis must reflect an AHI greater than 10 and be clearly documented. The post-treatment PSG must also be interpreted by a board-certified sleep physician.

Home sleep tests (HSTs) may be utilized as pre- and post-treatment PSGs when read and scored by a board-certified sleep physician. HSTs that are not read and scored by a board-certified sleep physician are not acceptable, and cannot be used to document pre- or post-treatment AHI.

At least three (3) of the required five (5) Patient Case Summaries must be successful responders with post-treatment AHI reduced in half plus relief of subjective symptoms. Two (2) Patient Case Summaries of unsuccessful or non-responders, either surgical or non-surgical, may also be included. Patient Case Summaries involving non-responders must be accompanied by detailed written explanations of possible reasons for non-responses to treatment and attached to this form.

Note: Two forms of ID (i.e., patient initials or chart number AND date of birth or last 4 digits of the social security number) must be supplied for each patient.

	Patient ID 1 (initials or chart #)	Patient ID 2 (DOB or last 4 digits of SSN)	Pre-Tx AHI	Physician's Diagnosis	Treatment Method	Appliance Used (if applicable)	Post-Tx AHI
1.							
2.							
3.							
4.							
5.							

I certify that I am the primary provider for each of the cases listed above.

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_