

# Exhibit C: Patient Case Summary Spreadsheet

Application for  
Diplomate, Craniofacial Dental Sleep Medicine



Candidate Name:

Date:

American Board of Craniofacial Pain  
12100 Sunset Hills Road, Suite 130  
Reston, VA  
USA  
20190  
Phone: 800-322-8651 or 703-234-4142  
Fax: 703-435-4390  
www.abcp-us.org

A total of five (5) Patient Case Summaries are required.

For each patient case summary, pre-treatment PSG must be formally interpreted by a board-certified sleep physician (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 physician. A post-treatment home sleep study is acceptable if it is read and scored by a board-certified sleep physician.

Two (2) patient case summaries of unsuccessful or non-responders, either surgical or non-surgical, may be included in the 5 required patient case summaries. 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: \_\_\_\_\_