

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Follow-up Appointment for Oral Appliance Titration

Dear [Patient Name],

Our records indicate that it is time for a follow-up appointment to check the progress of your oral appliance therapy. These titration visits are essential to ensure your device is adjusted correctly for maximum effectiveness in treating your sleep apnea or snoring.

During this appointment, we will:

- Evaluate the current fit of your appliance.
- Review your progress and any changes in your symptoms.
- Perform necessary adjustments (titration) to the device.
- Ensure your jaw and teeth remain healthy and comfortable.

Please call our office at [Phone Number] to schedule your titration adjustment. If you have recently completed a follow-up sleep study with your device, please bring the results with you or have them sent to our office prior to your visit.

We look forward to seeing you soon and helping you maintain a restful night's sleep.

Sincerely,

[Doctor Name/Practice Representative]
[Practice Name]