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**SNORING & SLEEP APNEA TREATMENT CENTERS  
 NEW PATIENT VISIT**

**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Chief Complaint (Why are you here?)** |
|  |
| (How can we help you?) |
|  |
| **History of Present Illness:** |
| When did the problem start: |
| Changes in your condition over past 6 months?: |
| Other problems related to chief complaint: |
| Treating doctor reviewed medical questionnaire completed by patient dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Additional Notes: |

**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main Concerns:**

Inability to sleep for more than \_\_\_\_\_\_\_\_ hours interrupted:

Frequency / Duration: every night or \_\_\_\_\_ times/week

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Inability to fall asleep:

Frequency / Duration: every night or \_\_\_\_\_ times/week

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Gasping/chocking/stop breathing while sleeping:

Frequency / Duration: every night or \_\_\_\_\_ times/week \_\_\_\_\_ times/night

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Fatigued/groggy/tired during day time:

Frequency / Duration: every day or \_\_\_\_\_ times/week

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Restless legs during sleep:

Frequency / Duration: every night or \_\_\_\_\_ times/week

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Jaw & Facial Pain: Severity: no pain 1 2 3 4 5 6 7 8 9 10 severe pain

Location:

Quality:

Frequency / Duration: on/off daily constant

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

Headache: Severity: no pain 1 2 3 4 5 6 7 8 9 10 severe pain

Location:

Quality:

Frequency / Duration: on/off daily constant

Modifying Factors:

Aggravating factors / Context (what makes it worse):

Alleviating factors (what makes it better):

Associated signs and symptoms (anything else that occurs at the same time):

**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEW OF SYSTEMS**

Pertinent positive findings relevant to the treatment of the patient’s current condition are noted below.

The remaining systems were reviewed and are negative. Dr’s Initials: \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **1.** | **Constitution:**  Weight change Loss of appetite Blurred Vision Trouble sleeping |
| **2.** | **Eyes:** Visual changes Blurred vision Double vision Pain Light sensitivity Drainage Redness  Glaucoma |
| **3.** | **Ears:** Hearing problems Pain Drainage Ringing Clicking/Popping Dizziness Tinnitus Vertigo |
|  | **Nose:** Change in sense of smell Congestion Nose bleeds Facial Pain Nasal drainage Sinus Pain |
|  | **Mouth & Throat:** Voice changes Teeth pain Bleeding swollen gums Change in sense of taste **Sore throat**  Difficulty swallowing **Jaw Clicking/Popping** Dental problems Dentures **Laryngeal problems** |
| **4.** | **Skin:** Rashes Itching/change in texture Change in size, color, discharge of mole Birthmarks  Change in skin, hair or nails |
| **5.** | **CV:** Chest pain Chest palpitations Difficulty breathing while lying down Swelling in legs or feet  High blood pressure Congestive heart failure History of Heart attack / heart disease / coronary artery disease  Heart murmur Valve replacement Stent Heart valve replacement Rheumatic Fever |
| **6.** | **GI:** Nausea **Reflux**  Loss of appetite **Difficulty swallowing** Ulcers |
| **7.** | **Genitourinary:** Pregnant - Trimester 1 2 3 Birth control Hysterectomy Menopause Breast feeding |
| **8.** | **Resp:** **Snoring** **Sleep Apnea**  PSG done: date: \_\_\_\_\_\_\_\_ **wears C-Pap**: **restless leg syndrome**  Bronchitis Asthma Emphysema Pneumonia Tuberculosis SOB Pain with breathing Cough |
| **9.** | **Endo:** Hx of diabetes thyroid problems Unplanned weight loss/gain Feeling excessively cold/hot  Increase in thirst/urination Abnormal hair growth High Cholesterol Anemia Prolonged bleeding |
| **10.** | **Musc/Skel:** Joint swelling/pain Muscle aches Cramps **Headaches** Neck pain  Rheumatoid Arthritis Osteoarthritis Psoriatic arthritis Fibromyalgia Lyme’s disease Raynaud’s Disease |
| **11.** | **Neuro:** Problems with coordination/walking/memory/weakness Dizziness/blackout/seizures Tremors  Numbness or tingling Concussion Epilepsy Seizures Traumatic Brain Injury Headaches Slurred speech  Stroke Parkinsonism Multiple sclerosis (MS) Migraines Traumatic brain injury (TBI) |
| **12.** | **Psych:** Feeling of sadness Difficulty sleeping Mood changes Unusual headache Worry Panic |
|  | Loss of appetite Anger **Depression Anxiety** Suicidal Thoughts Tension Drug Addiction Counseling |
| **13.** | **Allergy:** Sneezing Itchy/Watery eyes Runny nose Seasonal Latex Food  Medication: |
| **14** | **Sleep-related issues:** Snoring Sleep Apnea (previously diagnosed) Suspected / Risk for Sleep Apnea  Previous / Current Use of CPAP Previous Surgery Headaches Daytime Sleepiness / Tired  Low Energy Bruxism / Clenching Acid Reflux (GERD) Frequent Cough  Frequent sore throats in AM Feel Depressed Anxiety Mood Swings / Irritable  Hard to Concentrate Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The new patient intake form dated \_\_\_\_\_\_\_\_\_\_\_\_ was reviewed, signed and dated by me. The data that I reviewed included the following:**

**\_\_\_\_\_\_\_\_Review of Systems (ROS)**

**\_\_\_\_\_\_\_\_Past / Family / Social History (PFSH)**

**\_\_\_\_\_\_\_\_Health**

**\_\_\_\_\_\_\_\_Reviewed PSG with patient performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHYSICAL EXAM**

**System Normal Abnormal System Normal Abnormal**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Constitutional** | * General appearance | N | ABN | **Neuro** | * Cranial nerves (2 - 12) | N | ABN |
|  | * Height:\_\_\_\_\_\_ Weight:\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_ |  |  |  | * Deep tendon reflexes | N | ABN |
|  | * Neck Circum. \_\_\_\_\_\_\_ Abd Circum: \_\_\_\_\_\_\_ |  |  |  | * Sensation | N | ABN |
|  | * BP: \_\_\_\_\_\_/\_\_\_\_\_\_ HR: \_\_\_\_\_\_\_/min |  |  |  | * Coordination |  |  |
|  | * Resp: \_\_\_\_\_\_\_/min Pulse Ox: \_\_\_\_\_\_\_ % |  |  | **Skin** | * Inspect skin subcutaneous tissue | N | ABN |
| **Ear** | * Inspect lips, teeth, gums | N | ABN |  | * Palpate skin subcutaneous tissue | N | ABN |
| **Nose** | * Oropharnyx (mucosa, salivary glands, |  |  |  |  |  |  |
| **Mouth** | hard/soft palate, tongue, pharynx) | N | ABN | **MS** | * Inspect head & face | N | ABN |
| **Throat** | * External ears and nose | N | ABN | **Head & Neck** | * Palpate face, sinuses | N | ABN |
|  | * Inspect auditory canal and TM’s | N | ABN |  | * Examine salivary glands | N | ABN |
| **Eyes** | * Inspect conjunctiva, lids | N | ABN |  | * Exam of Thyroid | N | ABN |
|  | * Examine pupils and irises | N | ABN |  | * Neck (masses, tracheal position, |  |  |
|  |  |  |  |  | symmetry, crepitus, overall appearance | N | ABN |
| **Psych** | * Alert, oriented to person, place, time | N | ABN |  |  |  |  |
|  | * Mood and affect | N | ABN |  |  |  |  |
|  | * Recent and remote memory | N | ABN |  |  |  |  |
|  | * Description of patient’s judgment/insight | N | ABN |  |  |  |  |

**Abnormal Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Exam relevance to chief complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXAM DETAIL:**

**TMJ/TMD:** Yes No

Previous treatment: \_\_\_\_\_ Splint \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Medication \_\_\_\_ Surgery

Range of Motion: Opening \_\_\_\_\_\_ mm Protrusion \_\_\_\_\_\_\_ mm Deviation or Deflection Lateral Movement to the: Right \_\_\_\_\_\_\_ mm Left \_\_\_\_\_\_\_ mm

TMJ: ROM \_\_\_\_\_ mm R: reciprocal click \_\_\_\_\_ L: reciprocal click \_\_\_\_\_

Exam relevance to chief complaint:

opening click \_\_\_\_\_ opening click \_\_\_\_\_

crepitus \_\_\_\_\_ crepitus \_\_\_\_\_

popping \_\_\_\_\_ popping \_\_\_\_\_

PTP: None\_\_\_\_\_ R: masseters \_\_\_\_\_ L: Masseters \_\_\_\_\_

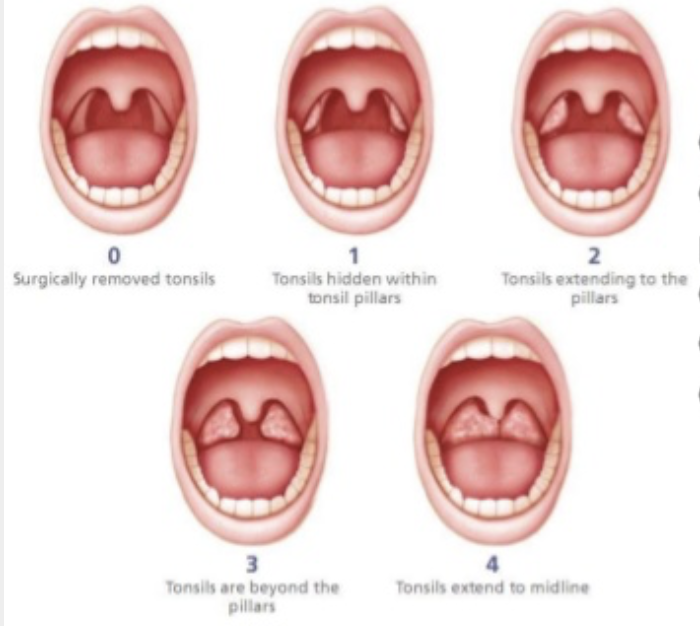
Temporalis \_\_\_\_\_ Temporalis \_\_\_\_\_

TMJ \_\_\_\_\_ TMJ \_\_\_\_\_

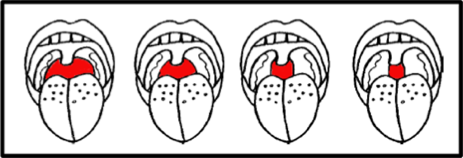
Cervical \_\_\_\_\_ Cervical \_\_\_\_\_

#### Palatal vault form: \_\_\_ normal \_\_\_ shallow \_\_\_deep

#### Maxillary arch width: \_\_\_ normal \_\_\_ wide \_\_\_ narrow

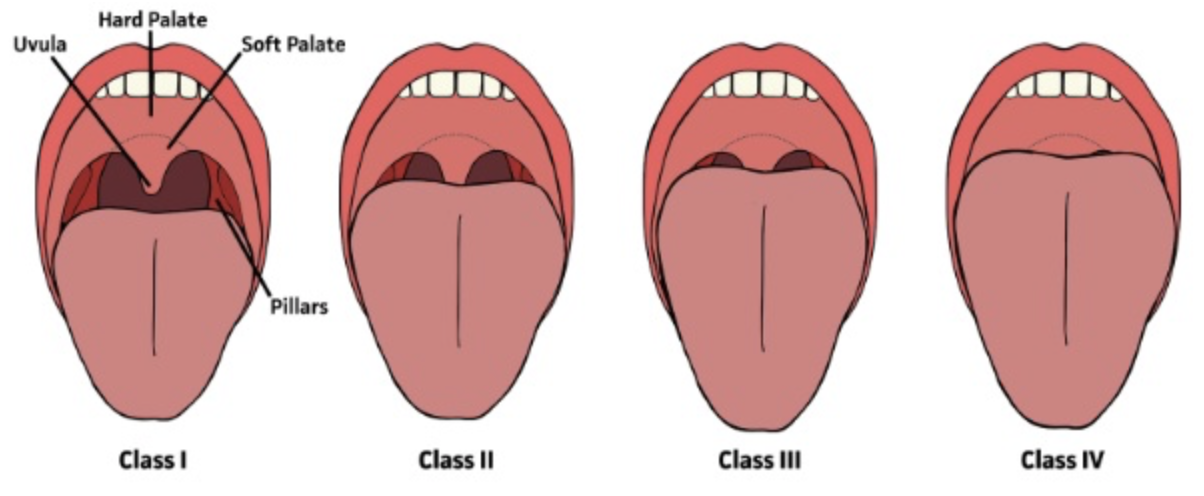
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Tonsils grade:



Pharyngeal grade: I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_

(Sampsoon-Young Pharyngeal Grade)



Soft palate: I \_\_\_ II \_\_\_ III \_\_\_ IV\_\_\_

(Modified Mallampati Classification)

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**Dentition/Oral Evaluation:**

Occlusion: \_\_\_ Class I \_\_\_ Class I Div 2 \_\_\_ Class II \_\_\_ Class II Div 2 \_\_\_ Class III

Malocclusion: Yes No Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crossbite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open bite\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tooth wear: Anterior: enamel \_\_\_\_\_ dentin \_\_\_\_\_

Posterior: enamel \_\_\_\_\_ dentin \_\_\_\_\_

Tooth Sensitivity: Yes No

Periodontal Status: grossly intact - Yes No Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Missing teeth: 3rds only \_\_\_\_; Upper \_\_\_\_ Lower \_\_\_\_ bicuspids; Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tongue: \_\_\_ Appears Large \_\_\_ Coated \_\_\_\_ Scalloped \_\_\_ Fissured \_\_\_ Tongue tied \_\_\_Midline Groove

Lips: \_\_\_ Poor/Strained Lip Seal \_\_\_ Lips Dry/Chapped \_\_\_ No Lip Seal \_\_\_ Relaxed/Comfortable Lip Seal

Nasal Dilation (Cottle test): \_\_\_ Improved Nasal Breathing \_\_\_ No Change

Additional Notes:

**STOP-BANG QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| **STOP** |  |  |
| Do you **S**NORE loudly (louder than talking or loud enough to be heard through closed doors(? | Yes | No |
| Do you often feel **T**IRED, fatigued, or sleepy during daytime? | Yes | No |
| Has Anyone **O**BSERVED you stop breathing during your sleep? | Yes | No |
| Do you have or are you being treated for high blood **P**RESSURE? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **BANG** |  |  |
| **B**MI more than 35 kg/m2? | Yes | No |
| **A**GE over 50 years old? | Yes | No |
| **N**ECK circumference > 16 inches (40 cm)? | Yes | No |
| **G**ENDER: Male? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **TOTAL SCORE** |  |  |

**Risk: Yes 5 - 8 High**

**Yes 3 - 4 Intermediate**

**Yes 0 - 2 Low**

**NAME (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSESSMENT AND PLAN FOR TREATMENT**

Based upon the findings in the history, exam and sleep study, the following areas are relevant to the chief complaint:

**Diagnosis from PSG: No PSG, Differential dx: TMJ diff dx:**

\_\_\_ Snoring (R06.83) \_\_\_ Snoring (R06.83) \_\_\_ TMJ disc disorder (M26.63\_)

\_\_\_ Mild sleep apnea (G47.33) \_\_\_ Sleep Apnea (G47.30) \_\_\_ TMJ arthralgia (M26.62\_)

\_\_\_ Moderate sleep apnea (G47.33) \_\_\_ Other SDB (G47.80) \_\_\_ MFPD (M79.10 )

\_\_\_ Severe sleep apnea (G47.33) \_\_\_ No sleep disorder \_\_\_ Fibromyalgia (M79.70)

\_\_\_ UARS (G47.14) \_\_\_ UARS (G47 .14) \_\_\_ Disc disorder w/o reduction \_\_\_ RLS (G25.81) \_\_\_ Sleep r/bruxism (G47.63) \_\_\_ Disc disorder w/ reduction

\_\_\_ PLMS (G47.61) \_\_\_ Sleep r/mvmt d/o (G47.60) \_\_\_ Osteoarthritis (M26.69)

**Orders:**

\_\_\_ Impressions for insert/fit of oral appliance

**Oral Appliance:** **Lab:**

\_\_\_ Silent Night \_\_\_ DSG Lab Michigan

\_\_\_ TAP III \_\_\_ Respire New York   
 \_\_\_ TAP Elite \_\_\_ Airway Labs Dallas

\_\_\_ Somnomed \_\_\_ Somnomed Dallas

\_\_\_ PM Positioner \_\_\_ Strong Dental Michigan

\_\_\_ SUAD \_\_\_ Zepeda Lab Illinois

\_\_\_ Herbst \_\_\_ Lord’s Dental Wisconsin

\_\_\_ Custom mask / appliance \_\_\_ DPS Iowa \_\_\_ EMA \_\_\_ Glidewell

\_\_\_ Respire Pink \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Respire Blue  
 \_\_\_ Respire Green

**Radiographs:**

\_\_\_ CBCT

\_\_\_ TMJ imaging (CT / MRI)

\_\_\_ Panograph

\_\_\_ Airway imaging (\_\_\_ with appliance / \_\_\_ without appliance)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referrals: Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ PSG or HM after titration

\_\_\_ TMD Eval **Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ ENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pulmonology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Neurology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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