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Post-Webinar Test Questions:

James Bieneman, DDS - Understanding Sleep Apnea: How it Impacts Your Patients and **Your Practice**

| Office Pho | ne: | Email Address: |
|------------|--|---|
| Name: | | Degree: Date: |
| | | |
| | d. | Cerebral Palsy |
| | c. | Cystic Fibrosis |
| | b. | ADHD |
| | a. | Autism |
| 5. | What condition is very similar to sleep apnea in children? | |
| | b. | False |
| | a. | True |
| | _ | patients. |
| 4. | High-flu | poride toothpaste, dry mouth products, oral hygiene education, and an ENT referral can help |
| | e. | All of the above |
| | d. | Large overjet |
| | c. | Waking multiple times per night |
| | b. | ADHD |
| | a. | Snoring |
| 3. | Pediatric apnea symptoms include: | |
| | b. | False |
| ۷. | a. | Triave sleep aprilea. True |
| 2. | Kids can have sleep apnea. | |
| | e. | All of the above |
| | d. | Mouth breathing |
| | b. c. | Large, scalloped tongue Multiple fractured restorations |
| | a. | Bruxism |
| | Early intra-oral signs of airway disorders/apnea include: | |

Please email your completed test to info@elevateoralcare.com for grading and recording.

Office State: ____ Office Zip: ______

Office Name: _____ AGD Number: _____

An AGD Pace Completion Certificate, or corrections to the answers, are needed to obtain a passing score of 80%. This certificate will be emailed to your address above within three weeks for continuing education credit. Please call us at 877-866-9113 with any questions.



Office Street Address: _____