

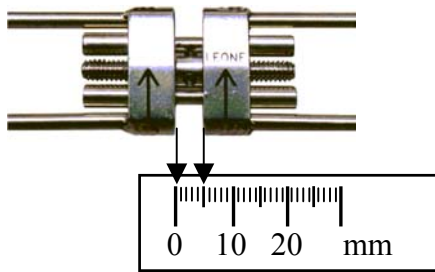
Klearway™ Advancement Schedule

Name _____ Date _____

Advance screw one turn (1/4mm) in the direction of the arrow on Tuesday and Saturday.

Measure the amount of screw opening every day to confirm that the screw is not self-closing.

| | Amount of Opening | Snore Score (10 = Untreated 0 = Silence) |
|---------|-------------------|--|
| Today | _____ mm | _____ |
| 1 week | _____ mm | _____ |
| 2 weeks | _____ mm | _____ |
| 3 weeks | _____ mm | _____ |
| 4 weeks | _____ mm | _____ |



Next Appointment _____

The University of British Columbia
Faculty of Dentistry



<http://www.dentistry.ubc.ca/research/lowe/Advance.pdf>

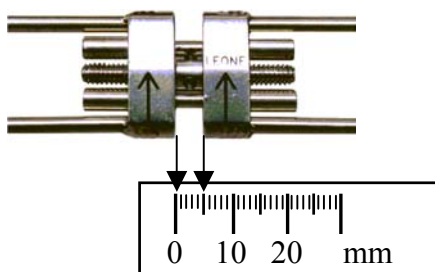
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