DENTAL SLEEP SOLUTIONS of Greenville & McKinney

SLEEP APNEA & SNORING TREATMENT

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PRESCRIPTION FOR ORAL APPLIANCE THERAPY - E0486

The description for E0486 is an oral device/appliance used to reduce upper airway collapsibility. This includes adjustable or non-adjustable, custom fabricated, fitting and adjustment.

Patient Information

Patient Name: _____ Date of Birth: _____

Phone Number: _____

Patient Signs & Symptoms:

___ Loud Snoring
___ Witnessed Apneas
___ Daytime Fatigue
___ Loss of Energy
___ Restless/Poor Sleep
___ Gasping or Choking at night
___ Nighttime GERD
___ Sleep Bruxism

Other
_____
_____
_____

Diagnosis:

___ The patient has been diagnosed with Obstructive Sleep Apnea, Adult/Pediatric 327.23 (mild moderate severe)
___ Other: _____

Please Check All That Apply:

___ Evaluate & Treat for Oral Appliance Therapy to help manage OSA
___ Evaluate & Treat for Oral Appliance Therapy to help manage Primary Snoring
___ Evaluate & Treat for Oral Appliance Therapy to be used as an adjunct with CPAP or Surgery
___ The patient is PAP Intolerant, Non-Compliant, or Refuses PAP Therapy
___ Other: _____

Additional information regarding patient, if needed:

_____
_____

Referring Provider Name: _____
For New Referring Providers, Please Complete Your Contact Information Below.
Address: _____
City: _____ Zip: _____
Office Phone: _____ Fax: _____

This Referral is for Oral Appliance Therapy, E0486, if applicable.

Provider Signature: _____ Date: _____