



SLEEP APNEA & SNORING TREATMENT

DR. KYLE M. SMITH

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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:

<input type="checkbox"/> Loud Snoring	<input type="checkbox"/> Restless/Poor Sleep	<u>Other</u>
<input type="checkbox"/> Witnessed Apneas	<input type="checkbox"/> Gasping or Choking at night	_____
<input type="checkbox"/> Daytime Fatigue	<input type="checkbox"/> Nighttime GERD	_____
<input type="checkbox"/> Loss of Energy	<input type="checkbox"/> Sleep Bruxism	_____

Diagnosis:

The patient has been diagnosed with Obstructive Sleep Apnea, Adult/Pediatric G47.33 (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 Only, Please Complete Your Contact Information Below.

Address: _____

City: _____ Zip: _____

Office Phone: _____ Fax: _____

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

Provider Signature: _____ **Date:** _____