DENTAL SLEEP SOLUTIONS of Greenville & McKinney

SLEEP APNEA & SNORING TREATMENT

DR. KYLE M. SMITH

McKinney Location
8751 Collin McKinney Pkwy
Suite 1502
McKinney, TX 75070
(Phone) 214-592-8042

Greenville Location
4818 Wellington Street
Suite 3
Greenville, TX 75402
(Phone) 903-455-0516

Please Fax or Email Prescription to:
Fax: 903-455-5888
Email: smithdentistry@protonmail.com
website: SleepApneaDFW.net

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: _____

Patient 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 G47.33 (mild moderate severe)
___ Other: _____

Please Check All That Apply:

___ Evaluate & Treat for Oral Appliance Therapy to help manage Obstructive Sleep Apnea
___ 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, if needed:

_____
_____

New Referring Providers Only, Please Complete Your Contact Information.
Address: _____
City: _____ Zip: _____
Office Phone: _____ Fax: _____

_____

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

Referring Provider Name: _____ Provider NPI#: _____

Provider Signature: _____ Date: _____