DENTAL SLEEP SOLUTIONS of Greenville & McKinney

SLEEP APNEA & SNORING TREATMENT
DR. KYLE M. SMITH
Diplomate, American Board of Dental Sleep Medicine

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

www.SleepApneaDFW.net

PRESCRIPTION FOR ORAL APPLIANCE THERAPY

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____

Patient Signs & Symptoms:

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

Diagnosis

___ The patient has been diagnosed with Obstructive Sleep Apnea, Adult/Pediatric G47.33 (mild moderate severe)
___ Other: _____

Additional Information, if needed:

_____
_____
_____
_____

New Referring Providers Only, Practice and/or Provider Name**:** _____
Address: _____
City: _____ Zip: _____
Office Phone: _____ Fax: _____

_____
This Prescription is for Oral Appliance Therapy, E0486 or K1027, if applicable.

Referring Provider Name: _____

Provider Signature: _____ **Date:** _____

Provider NPI # _____

(Form last Updated 5/2024)