DENTAL SLEEP SOLUTIONS of Greenville & McKinney

SLEEP APNEA & SNORING TREATMENT
DR. KYLE M. SMITH
DR. KATHARINE EVANS

**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 :** _____ **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 9/2024)*