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:

_____ Chronic Snoring
_____ Poor Sleep Quality
_____ Witnessed Apneas
_____ Gasping or Choking at night
_____ Daytime Fatigue
_____ Nighttime GERD
_____ Headaches
_____ Sleep Bruxism
_____ Anxiety or Depression
_____ Other _____

_____ The patient is unable or unwilling to tolerate PAP therapy.

Diagnosis

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

Additional Information, if needed:

_____
_____
_____
_____

Practice and/or Provider Name**:** _____
Address: _____
City: _____ Zip: _____
Office Phone: _____ Fax: _____

_____

This Prescription is to treat this patient with Oral Appliance Therapy, E0486 or K1027, if applicable.

Referring Provider Name: _____

Provider Signature: _____ Date: _____

Provider NPI # _____

(Form last Updated 11/2024)