

Oral Appliance Referral Form

For Medically Diagnosed Obstructive Sleep Apnea

Requesting Anthony LaVacca, DMD

Patient's Full Name ▶

Date of Birth ▶

Phone No. ▶

Diagnosis

- Obstructive Sleep Apnea - ICD 327.23
- Hypersomnia due to Sleep Apnea - ICD 780.53
- Insomnia due to Sleep Apnea - ICD 780.51
- Sleep Apnea/Sleep Related Disorder, Unspecified - ICD 327.20 (UARS)
- Sleep Apnea, Other, Unspecified - ICD 780.57

Please fabricate an oral appliance for the treatment of this patient's sleep apnea.

Physician's signature

Date

Statement of Medical Necessity

The above patient had undergone a sleep study for a sleep related breathing disorder. This evaluation confirmed the diagnosis of obstructive sleep apnea. This evaluation confirmed that an ORAL APPLIANCE is medically necessary.

Oral Appliance Therapy is used as an alternative to surgery at this time and/or CPAP, as this patient could not tolerate CPAP.

Physician's signature

Date

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