



RESTFUL SLEEP CENTER
DENTAL SLEEP MEDICINE at DAWSON DENTAL
Oral Appliance Therapy for Obstructive Sleep Apnea

CLINIC NAME:

RESTFUL SLEEP CENTER at DAWSON DENTAL

20542 N Lake Pleasant Rd #109 Peoria, AZ 85382

Date: _____

Please include copies of any recent sleep studies.

FAX BACK TO:

Referring Provider: Brandon Dawson, DMD

Phone: (623) 566-1310

Fax: (623) 566-1331

Code:

Quantity:

Letter Of Medical Necessity / Referral Form For Oral Appliance Therapy

Patient Name: _____

DOB: _____

Age: _____

Patient Phone: _____

Patient Address: _____

Insurance Company: _____

Group No: _____

Account/ID No: _____

Prescribing Physician: _____

NPI: _____

Primary Diagnosis:

☐ G47.33 (Obstructive Sleep Apnea)

☐ R06.83 (Snoring)

Secondary Diagnosis (Comorbidities): _____

Is this patient intolerant of PAP or not a candidate for PAP therapy?

☐ Intolerant of PAP

☐ Not a candidate for PAP

☐ Prefers not to use PAP

Duration of PAP Treatment (if applicable):

Start Date: _____

End Date: _____

Still Currently Using:

☐ Yes

☐ No

Description of Oral Appliance:

Oral appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabrication and includes fitting and adjustments

I have attached the following documents needed to proceed with oral appliance treatment:

☐ Medical History and Medications

☐ Current Progress Notes

☐ Diagnostic Sleep Study

☐ PAP Trial Study (if available)

Physician Signature: _____ Date: _____

Statement of medical necessity: The above patient had a sleep-disordered breathing evaluation. This evaluation confirmed the diagnosis obstructive sleep apnea. This evaluation confirmed that an ORAL APPLIANCE is medically necessary. Currently, Medicare has a code (E048 with the following descriptor, "ORAL APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATION and INCLUDES FITTING AND ADJUSTMENTS" Treatment duration will be at least one year and could be required for the remainder of the patient's life. If you should have any questions, please contact the prescribing physician.