

Oral Appliance Script

Apnea Guide

Breathe Relief

Fax: 631-938-9855

Patient Name:		DOB:	
Phone Number:		Email:	

Please attach -Chart note, Sleep Study report, Demographics and Insurance Card with Apnea Guide Script

G47.30 Obstructive Sleep Apnea G47.33 Obstructive Sleep Apnea

Re: Obstructive sleep apnea and mandibular advancement RX and Statement of Medical Necessity The above-named patient has been diagnosed with Obstructive Sleep Apnea (G47.30, G47.33) I am prescribing Mandibular Advancement Appliance and morning repositioner (E0486), (K1027), (E1399) that meets or exceeds the AADSM guidelines for oral appliance design requirements. The device is for the treatment of the patients sleep apnea and length of need is lifetime; sleep apnea is not for a dental disorder and oral appliance it is Durable Medical Equipment; and is Medically Necessary

{ } Tried and Failed CPAP?

{ } Refuses CPAP?

Physician Name- _____

Address- _____

Phone# _____

Fax# _____

NPI# _____

X _____ Date _____
Physician Signature

ApneaGuide@outlook.com P: 631-742-6565 F:631-938-9855- An Oral Appliance Referral Program