



Oral Appliance Therapy Prescription

Complete, sign and fax with the sleep study report

FAX 316-440-4426

PATIENT

Patient name

Date of birth

DIAGNOSIS

☐ G47.33 Obstructive sleep apnea

☐ R06.83 Snoring

Other diagnosis / ICD-10

Sleep study date

☐ Mild

☐ Moderate

☐ Severe

ORDER

Custom-fabricated, titratable mandibular advancement oral appliance, fitted and titrated by a qualified dentist.

☐ Custom oral appliance for obstructive sleep apnea

☐ Oral appliance for primary snoring (OSA ruled out)

PRESCRIBING PHYSICIAN

Physician name and credentials

NPI

Phone

Practice and address

Email

Fax

Physician signature

Date