



450 Alkyre Run STE 300  
Westerville, OH 43082

3064 Columbus-Lancaster Rd NW  
Lancaster, OH 43130

1412 N Court St  
Circleville, OH 43113

52 Remick Blvd  
Springboro, OH 45066

Phone: (614) 396-8286 --- Fax: (855) 858-4924 --- Hours: Vary by time and location

www.SleepTreatmentOH.com

**PRESCRIPTION FOR ORAL APPLIANCE FOR OBSTRUCTIVE SLEEP APNEA (E0486)(G47.33)**

Referring Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_

**The patient referred with this form has been evaluated by the above physician and has been diagnosed using acceptable medical criteria and is being referred to Ohio Sleep Treatment, LLC for therapy to treat:**

Obstructive Sleep Apnea (G47.33)  
Upper Airway Resistance Syndrome (G47.8)  
Primary Snoring (R06.86)

Severity: \_\_\_\_\_  
Length of Need: \_\_\_\_\_ Lifetime  
Other: \_\_\_\_\_

**The Patient:**

is PAP Intolerant  
is not a candidate for PAP therapy  
has mild to moderate sleep apnea and is using this as a first-line of therapy.

This appliance is \_\_\_\_\_ the patient's first oral appliance  
a replacement appliance

Patient's Chief Complaint: \_\_\_\_\_  
\_\_\_\_\_

Signature of Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Oral Appliance Details - To be determined by AADSM Qualified Dentist**

Oral Appliance Lab: \_\_\_\_\_

Oral Appliance Model: \_\_\_\_\_

Oral Appliance Price: \_\_\_\_\_

Quantity: 1