

PRESCRIPTION ORDER FOR DME ORAL APPLIANCE THERAPY

Physician: _____ Telephone: _____

Office Address: _____

Patient Name: _____

Patient Address: _____

Patient Telephone: _____ Patient Date of Birth _____

Prescription for E0486 or K1027 to be filled by:

Sue Ellen Richardson, DDS, D. ABDASM, FAASM, MAGD, FICD, D. ASBA

Diplomate, American Board of Dental Sleep Medicine

HoustonSleepWell.com

NPI: 1962414920 GROUP NPI: 1356626758

7000 Fannin Street, Suite 1660, Houston, TX 77030

Phone: 713-796-9600 FAX: 713-790-9233



The patient referred with this form has been evaluated by the above physician and been diagnosed, using acceptable medical criteria, to have **MODERATE** ___ or **SEVERE** ___ obstructive sleep apnea,

~~~ OR ~~~

to have **MILD** \_\_\_ obstructive sleep apnea with an RDI and/or AHI >5; with a Comorbidity to health

- Medically determined Excessive Daytime Sleepiness
- Cognitive changes
- Significant Cardiac or Cardiovascular problems
- Mood alterations
- Other \_\_\_\_\_



**PLEASE SIGN AND FAX BACK  
TO: 713-790-9233**

This patient is:

- Intolerant or contraindication of CPAP therapy
- Is not a candidate for CPAP therapy
- Oral appliance for treatment of mild/moderate OSA/in accordance to AASM practice parameters
- Due to significant symptoms, this patient requires treatment for OSA:

The patient is being sent for OAT therapy with:

- The appliance chosen by the dentist and the patient as most suitable
- A \_\_\_\_\_ appliance (specific name)

Signature of referring physician: \_\_\_\_\_ Date: \_\_\_\_\_

**\*As a physician, I deem this therapy to be medically necessary for duration of lifetime.**

Obstructive Sleep Apnea is a medical condition that tends to become more severe with time, and requires periodic re-evaluation by a qualified physician.

Oral Appliance Therapy is less effective in controlling this disease than CPAP, and patients referred for this therapy may need to explore additional options of treatment if the appliance alone is deemed to provide suboptimal management of the sleep apnea.

**Copies of Sleep Studies with full report are required by the dentists for appropriate care and to obtain medical insurance coverage.**

**This Original Prescription/LOMN MUST be faxed OR delivered to treating DME dentist.**