

Oral Appliance Referral Form
For
Medically Diagnosed Obstructive Sleep Apnea

Patient Last Name:

First Name:

Date of Birth:

Patient Phone:

Diagnosis:

___ Obstructive sleep apnea – ICD 327.23

___ Hypersomnia due to Sleep Apnea - ICD 780.53

___ Insomnia due to Sleep Apnea ICD 780.51

___ Sleep Apnea/Sleep Related Breathing Disorder, Unspecified - ICD 327.20

___ Sleep Apnea, Other, Unspecified – ICD 780.57

Respiratory Disturbance Index (RDI):_____

Apnea Hyponea Index (AHI):_____

Lowest Desaturation (SpO2):_____

% of Time below 90%:_____

Special Instructions:

Physician's Signature:

Date:

Statement of Medical Necessity

The above patient had undergone a sleep study for a sleep related breathing disorder. This evaluation confirmed the diagnosis of obstructive sleep apnea. This evaluation confirmed that an ORAL APPLIANCE is medically necessary.

Oral Appliance Therapy is used as an alternative to surgery at this time and or CPAP, as this patient could not tolerate CPAP.



From GA 400
 Take GA 400 Exit 10, go East on HWY 120/Old Milton Parkway Exit. Pass through the North Point Parkway intersection, and at the next light, Brookside Drive, make a U-turn. Pass the Dunkin Donuts and you will see Old Milton Commons Office Park complex on your right. Turn into the complex and make an immediate right. We are located at the far East Corner.

From Downtown Alpharetta
 Go East on HWY 120/Old Milton Parkway Exit. Pass through the North Point Parkway intersection, and at the next light, Brookside Drive, make a U-turn. Pass the Dunkin Donuts and you will see Old Milton Commons Office Park complex on your right. Turn into the complex and make an immediate right. We are located at the far East Corner

Center for TMJ Therapy



3590 Old Milton Parkway
 Alpharetta, GA 30005
 770. 521.1978

