GOOD NIGHT DENTISTRY

FOR A BETTER TOMORROW

Dr. Ronald Cox, DDS, Diplomate,
American Board of Dental Sleep Medicine

Patient Referral/Prescription for Oral Appliance for Treatment of Sleep Breathing Disorder

Prescribing Physician Office Name & Phone: ______________________________

Patient Name and Date of Birth: ______________________________

Home, Cell, and/or Work Phone Number: ______________________________

Please provide the following items with your referral and fax to: (980)435-0144
or email to: rcoxdds@goodnightdentistry.com

1. All insurance information (if available)
2. Baseline sleep study & most recent PSG (not titration)
3. Written order for Oral Appliance
4. Letter of Medical Necessity
5. CPAP Intolerance Form
6. Chart notes PRIOR to PSG & most recent notes discussing sleep issues
7. CPAP Stop Order Form

Please evaluate the above-named patient for treatment of OSA with a Mandibular Advancement Device due to the following reason(s):

( ) CPAP Intolerance ( ) Inadequate surgical result ( ) Mild to Severe OSA

( ) Primary snoring ( ) Adjunct to CPAP or surgery ( ) Patient preference

( ) On CPAP/Date Started: ( ) Discontinued CPAP/Date Ended:

RX

Patient is being referred for evaluation and fitting of a MEDICALLY NECESSARY oral sleep appliance (E0486) as indicated. The patient will be asked to return to provider's office for consideration of objective follow up after the appliance has been clinically titrated. Length of need is Lifetime.

Diagnosis: ( ) OSA G47.33 ( ) Add compliance chip ( ) Primary Snoring R06.83

Physician Name Printed: ______________________________

Physician Signature: ______________________________

NPI: ______________________________ **Date:** ______________________________

Please Circle Patient's Preferred Location

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Accepting BCBS

452 Williamson Road
Suite A
Mooresville, NC 28117
(Located Inside Paquette Orthodontics)
Phone: (704) 964-6404
Fax: (980) 435-0144
goodnightdentistry.com
rcoxdds@goodnightdentistry.com

KOTIS FAMILY DENTISTRY

Accepting Medicare

1207 Davie Avenue
Statesville, NC 28677
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