Patient Name: _____

DOB: _____

SLEEP SOLUTIONS NORTHWEST
CPAP Alternatives • Snoring • TMJ Pain

Detailed Written Order for a Prescription Oral Appliance

DME Company Requested by Patient: Sleep Solutions Northwest

Item Ordered:	Length of Need:	Diagnosis/ICD 10: G47.33
▪ E0486, Custom oral appliance	▪ Purchase	▪ Obstructive Sleep Apnea

☑ 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 our office for consideration of objective follow-up after the appliance has been clinically titrated.

Attached you will find:

- Baseline sleep study
- Chart notes, for proof that a face-to-face evaluation occurred, prior to the sleep study

Ordering Provider's Signature_____Date _____

Print Provider's Name_____Provider's NPI _____