

PRESCRIPTION FORM / LETTER OF MEDICAL NECESSITY

FOR ORAL APPLIANCE THERAPY - E0486

DOB: Patient Phone #:
Datiant Dhana #1
e Sleep Apnea) 🛛 🔿 R06.83 (Snoring)
O No
nce used to reduce upper airway n and includes fitting and adjustments
Date:
tient has a sleep-disordered breathing evaluation. tive sleep apnea. This evaluation confirmed that an y, Medicare has a code (E0486) with the following IPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR ICLUDES FITTING AND ADJUSTMENTS." Treatment uired for the remainder of the patient's life. If you scribing physician.

Referring Provider: Dr. Stephan D. Caye, D.D.S., Diplomat of the AADSM Dental Sleep Center of KC Ph: 816-600-0510 Fax: 816-533-7044