

# SLEEP APNEA



## DENTAL CENTER

**Moon Township Office**  
200 Commerce Drive, Suite 203  
Moon Township, PA 15108

**Cranberry Township Office**  
20280 State Route 19, Unit 6  
Cranberry Township, PA 16066

**Monroeville Office**  
118 Fox Plan Rd  
Monroeville, PA 15146

Central Phone: (412) 367-0367  
Central Fax: (412) 367-0366

Dear Referring Staff,

We would like to thank you for your patient referrals. Please refer to the information below with helpful information for your staff.

- The prescription needs the diagnosis code G47.33, Obstructive Sleep Apnea, the patient's DOB, Address, contact information, and states that the patient is indicated for E0486, an oral appliance. If the patient has severe OSA, please indicate that the patient is CPAP intolerant or contraindicated for CPAP and state the reason. The physician's signature is required on the prescription. This can be from the computer with an electronic signature and time stamp.
- Please fax the prescription, along with a copy of the diagnostic sleep study and office notes prior to the diagnostic sleep study. Please include all the patient's demographic information including a cell number, if possible. Our fax number (412) 367-0366.
- Once the patient information is faxed to our office, we will contact the patient for an appointment. We highly recommend this method. We feel that if a patient is referred to our office, we will make every effort to get them scheduled within an appropriate time frame.
- Once an appliance is fabricated, our office will make any adjustments needed while the patient adapts to the oral appliance. When we feel that the patient has reached maximum symptomatic improvement, we will refer the patient back to your office for a follow up visit and a sleep study, if indicated.

Thank you again for your referrals. If you or the physicians have any questions, please do not hesitate to call our office.