

SLEEP APNEA



DENTAL CENTER

SAMPLE PRESCRIPTION

Referring Provider/Office Name

Date

Referring Provider NPI

Address

Phone/Fax #

Patient Name

Patient Address/Contact Info

Patient DOB

Diagnosis: G47.33, Obstructive Sleep Apnea

RX: Please evaluate and fabricate oral appliance to treat obstructive sleep apnea. Patient is intolerant to CPAP.

Dispense: Quantity 1, long term use

Refer to: Sleep Apnea Dental Center

Phone: (412) 367-0367

Fax: (412) 367-0366

Referring provider name

Signature of referring provider