



Practical Sleep Solutions

## Prescription for Oral Appliance Therapy

To: Dr. Stephen D. Poss, DDS  
1646 Westgate Circle, Ste. 100  
Brentwood, TN 37027  
615-373-1056 | 615-373-4864 fax

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I am writing to inform you that it is medically necessary for the above patient to be fitted for an oral appliance.  
(Mandibular Advancement Device)**

*This Patient:*

**Was diagnosed with Obstructive Sleep Apnea (ICD-code 327.23)**

Mild       Moderate       Severe

**Was not diagnosed with sleep apnea, but due to some disordered breathing,  
I have suggested an oral appliance for mandibular repositioning.**

*This Patient:*

Is intolerant of CPAP therapy

Is not a candidate for CPAP therapy

*Explanation (if necessary):* \_\_\_\_\_

Requires combination therapy, adding a mandibular advancement device with their CPAP machine

Was advised CPAP was the gold standard, but still requests a mandibular advancement device

Physician Signature:

Sig: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_