

Only highlighted areas are required.

PRESCRIPTION/ORDER FOR DME (Durable Medical Equipment)
Patient Name: DOB
Phone:
OSA TMJ
MANDIBULAR ADVANCEMENT DEVICE RX (Sleep Apnea patients only)
Procedure Information: ☐ Initial ☐ Replacement Procedure Codes: E0486 or K1027
Rationale: This patient has been diagnosed with Obstructive Sleep Apnea and needs a custom oral appliance. The device will be used to reduce upper airway collapsibility.
Servicing Provider Information: Name:
Address: 3447 E Renner Rd. #100A, Plano TX 75074
Ordering Provider Information:
Name: NPI:
Address:
Signature: Date:
Date of order (start date): Diagnosis: Obstructive Sleep Apnea (G47.33)

The Sleep Rehab Team

Dr. Keane Fedosky and Dr. Cara Kessler

3447 East Renner Road, Suite #100A, Plano, TX 75074 P: (972) 496-0515 • F: (469) 440-9198