www.berkshiretmjcenter.com
www.berkshiresleepapnea.com

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# Oral Appliance Prescription/Order Form

| Patient Name: | | DOB: |
|---|---|---|
| Pt Phone: | Insurance: | M__ F__ Ht: ___Wt:____ |

**PLEASE CHECK ALL THAT APPLY**

□ Loud Snoring
□ Witnessed Apnea
□ Restless sleep
□ CPAP intolerance
□ Difficulty concentrating
□ Fatigue
□ Nocturnal Choking/Gasping
□ Sleep Walking/Talking
□ Morning Headaches
□ Periodic leg movement
□ Excessive Daytime Sleepiness
□ Insomnia
□ Non-refreshing Sleep
□ Morning dry mouth
□ Previous airway surgery
□ Previous nasal surgery

**Physical Findings (please check and/or circle)**

□ Nasal Obstruction
□ Retrognathia / Micrognathia
□ Enlarged neck
□ Elongated Uvula
□ Mallampati _____
□ Macroglossia
□ Deep Palate
□ Enlarged Tonsils /Adenoids

**Medical History**

❒ Hypertension
❒ Stroke
❒ Mood disorder
❒ Pulmonary Hypertension
❒ Cognitive Impairment
❒ History of seizures
❒ Diabetes
❒ CHF/Cardiomyopathy
❒ Atrial Fibrillation
❒ COPD
❒ History of cancer
❒ GERD
❒ Sexual dysfunction
❒ Thyroid disease □ other _____

**DIAGNOSIS**

□ Obstructive Sleep Apnea, Adult/ Pedo (G47.33)
□ Sleep apnea, unspecified (G47.30)
□ Hypersomnia unspecified (G47.10)
□ Snoring (R06.83)
□ Insomnia not due to a substance or known physiological condition (F51.09)
□ Sleep related bruxism (G47.63)
□ Hypoxemia (R09.02)
□ Essential(primary) hypertension (I.10)
□ Other fatigue (R53.83)

**Epworth: _____**

**BMI: _____**

**Neck Size:_____**

**STATEMENT OF MEDICAL NECESSITY:**

❒ **The above patient has undergone a sleep study for sleep disordered breathing. The evaluation confirmed the diagnosis of obstructive sleep apnea. This evaluation confirmed that an ORAL APPLIANCE is medically necessary.**

❒ **The patient could not tolerate CPAP or decided not to use, therefore oral appliance therapy is prescribed.**

❒ **CPAP trial was for ___days, ___weeks or ___months**

| Physician Signature: | Date: |
|---|---|
| Print Name: | |
| Office Contact: | |
| Phone: | Fax: |

**Please fax this order with sleep study, a copy of patient's insurance card, office notes and demographics to 413-528-5394**