

Oral Sleep Medicine of Arizona  
110 S. Idaho Rd. Suite 260  
Apache Junction, AZ 85119  
Phone: 480-503-0967 Fax: 480-376-0462

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_

**Treatment:**

- \_\_\_\_\_ Mandibular Advancement Device for treatment of OSA
- \_\_\_\_\_ Mandibular Advancement Device to be used in combination with CPAP
- \_\_\_\_\_ Tongue Retaining Device

**Diagnosis:**                      **Length of Need: 99**

- \_\_\_\_\_ Obstructive Sleep Apnea - ICD G47.33
- \_\_\_\_\_ Insomnia due to Sleep Apnea - ICD G47.30
- \_\_\_\_\_ Sleep Apnea/Sleep Related Breathing Disorder, Unspecified – ICD G47.30
- \_\_\_\_\_ Hypersomnia due to Sleep Apnea – ICD G47.30
- \_\_\_\_\_ Other Unspecified – ICD G47.30

**Therapies Attempted:**

- \_\_\_\_\_ CPAP    \_\_\_\_\_ Intolerant    \_\_\_\_\_ Not a good candidate    \_\_\_\_\_ Patient Refused
- \_\_\_\_\_ BIPAP    \_\_\_\_\_ Intolerant    \_\_\_\_\_ Not a good candidate    \_\_\_\_\_ Patient Refused
- \_\_\_\_\_ Surgery
- \_\_\_\_\_ Other

**CPAP/BIPAP Therapy (Fax Sleep Study and Chart Notes)**

\_\_\_ CPAP \_\_\_ cm of H2O  
\_\_\_ BIPAP \_\_\_ IPAP \_\_\_ EPAP              LON- Life time              Dx: \_\_\_\_\_

\_\_\_ Tubing \_\_\_ Heated Tubing \_\_\_ Headgear \_\_\_ Heated Humidifier \_\_\_ Chamber \_\_\_ Chin Strap  
\_\_\_ Cushions/Pillows \_\_\_ Disp. & Non Disp. Filters \_\_\_ Mask (Full or Nasal)

**\*\*\*Please send Sleep Study and Chart Notes.**

Physician/DDS: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician/DDS Signature: \_\_\_\_\_ Date: \_\_\_\_\_