

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: _____