



Dr. Christopher E. Roberts, DDS, D-IAOS

1419 West D Street, North Wilkesboro, NC 28659

Phone: (336) 990-9565 | Fax: (833) 722-0246

info@brushymtnsleep.com

Better sleep... For life!

Date: _____

Patient Name: _____

Patient Phone: _____

DOB: _____

I am prescribing a Mandibular Advancement Device (E0486 or K1027) for the above-named patient who has been diagnosed with Obstructive Sleep Apnea (G47.33).

Severity: ☐ Mild ☐ Moderate ☐ Severe

Patient declined CPAP or is CPAP intolerant: ☐ Yes ☐ No

Patient has one of the following comorbidities:

- | | | | |
|---|---|--|--|
| ☐ Hypertension | ☐ Excessive Daytime Sleepiness | ☐ Insomnia | ☐ Mood Disorder |
| ☐ Impaired Cognition | ☐ Ischemic Heart Disease | ☐ History of Stroke | |

I concur that the recommended therapy is medically necessary, and I now prescribe treatment, utilizing an FDA approved Mandibular Advancement Device. Length of need is lifetime. I strongly urge you to cover the costs of this therapy. Failure to do so would place the patient's health in jeopardy.

Physician Name: _____

Physician NPI: _____

Physician Signature: _____

*Please include with fax patient demographics, insurance, appointment notes, and sleep study (if the patient has one).