

# Prescription Form/Letter of Medical Necessity

To: West Virginia Sleep Solutions | Joshua P. Chapman, D.D.S.  
308 C Street, South Charleston, WV 25303  
P: 304.744.1275 | F. 304.744.1279



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

I am writing to inform you that it is medically necessary for the above-named patient to be fitted for an oral sleep appliance.

Patient has been diagnosed by a sleep physician as requiring treatment for sleep disordered breathing. (ICDCode G47.33) This condition may pose serious health risks since it disrupts normal sleep patterns and can reduce blood oxygen levels, which, in turn, may result in the following: Excessive daytime sleepiness, irregular heartbeat, high blood pressure, heart attack, stroke, morning headaches, motor vehicle accidents, depression or anxiety, memory loss, and/or mental impairment. Sleep apnea is a medical condition with serious health consequences.

## MEDICAL HISTORY:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> CHF                | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Morbid Obesity     | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Stroke             | <input type="checkbox"/> Seizures     |
| <input type="checkbox"/> Home O2 at ___ l/m | <input type="checkbox"/> Other- _____ |

## TREATMENT OPTIONS:

- The patient has mild or moderate OSA and oral appliance therapy has been advised as first line treatment of choice.
- The patient, despite having severe OSA, is unable or unwilling to use CPAP
- The patient is unable to tolerate the CPAP machine.
  - Has Failed CPAP use following multiple attempts
  - CPAP has led to untoward effects making it intolerable
  - Patient is claustrophobic
  - Patient failed CPAP use in therapeutic or split night study
  - Patient has refused CPAP attempts
- The patient requires the oral appliance and the CPAP machine in combination as a form of treatment.

## E0486 Mandibular Advancement Splint for Obstructive Sleep Apnea for lifetime

Description- Oral appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabrication and includes fitting and adjustments.

If you need any further information or if I could be of further assistance, please feel free to contact me.

Sincerely,

\_\_\_\_\_ Date \_\_\_\_\_

Signature of physician

Print prescriber's name: \_\_\_\_\_ NPI # \_\_\_\_\_

Business name \_\_\_\_\_ Business address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_