**Physician Written Order for Oral Appliance for OSA**

Ordering Physician: Physician's Address: Physician’s Phone: Physician’s FAX:

**Patient: \_\_\_\_\_**

**Diagnosis:** Obstructive Sleep Apnea, Adult Pediatric G47.33

**Oral Appliance Type:** Custom fabricated mandibular advancement device: E0486 - ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY

COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

A custom-fabricated Oral Appliance for OSA is defined as one that is individually made for a specific patient (no other patient would be able to use this item) starting with basic materials. It involves substantial work to produce, usually by a specialized lab. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

The above named patient was diagnosed as indicated. Treatment of this condition is thus ordered as a medical necessity.

Physician's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s NPI Number:

\*\*\* Please call 203-879-9372 to schedule your appointment with Dr. Zeller to being fabrication of your oral appliance.