

The Carolina Dental Sleep Center
908 North Sandhills Blvd
Aberdeen, NC 28315
Tel: 910-944-5600
Fax: 910-944-9334

Letter of Medical Necessity

To: Shannon S McGee DDS

From: _____

Re: _____

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

_____ was diagnosed with ICD-Code 327.23 ____ mild,
____ moderate, ____ severe Obstructive Sleep Apnea.

____ I have enclosed a copy of the sleep study for your records

____ There was no sleep study performed

The patient was/was not fitted with a CPAP machine at this time because:

____ The patient was unable to tolerate the CPAP machine

____ The patient is not in need of a CPAP machine

____ The patient has refused to wear a CPAP machine

____ The patient requires the oral appliance and the CPAP machine as a form of treatment

____ Other _____

Again, due to the diagnosis of his/her sleep apnea, it is medically necessary for him/her to be fitted for an oral sleep appliance. If you require any further information, or if I could be of further assistance, please feel free to contact me.

Sincerely,
