

Advanced Dental Technology

Dr. John C. Peterson, DDS

Member of Academy of Sleep Medicine | American Academy of Craniofacial Pain | Fellow: Academy of Clinical Sleep Disorders Dentistry

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Physician Information

Physician Name: _____ Date: _____
Address: _____ Phone Number: _____
E-Mail Address: _____ Fax Number: _____

Patient Information

Patient Name _____ DOB _____
Address: _____
Sleep Study Date: _____
Telephone Home _____ Cell _____

Reason for Referral : Diagnosis (Mark all that apply)

Obstructive Sleep Apnea
☐ 327.23
Hypersomnia due to Sleep Apnea
☐ 780.53
Insomnia due to Sleep Apnea
☐ 780.51
Sleep Apnea/Sleep Related Breathing Disorder Unspecified
☐ 327.20
Other, Unspecified
☐ 780.57
Other _____

Therapies Attempted

CPAP: ☐ Intolerant ☐ Not a good candidate

Other: _____

Statement of Medical Necessity

This above patient has undergone a sleep study for a sleep related breathing disorder. This evaluation confirmed the diagnosis of Obstructive Sleep Apnea. This evaluation confirmed that an oral appliance is medically necessary. As per the practice perimeters from the American Academy of Sleep Medicine, oral appliance therapy is used as alternative to surgery, at this time this patient cannot tolerate CPAP or does not feel he/she will be able to tolerate CPAP.

Physician's Signature _____ Date _____

Thank you for your referral. Please do not hesitate to contact John Peterson, DDS directly at (516) 536-5777