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THE DENTAL LOFT
FAMILY DENTISTRY • ORTHODONTICS • DENTAL SLEEP MEDICINE



DR. SUFIAN MAHMOUD

Diplomate of the American Board of Dental Sleep Medicine

Patient's Information

PATIENT NAME:

PHONE NUMBER:

DIAGNOSIS:

- Obstructive sleep apnea - G47.433 Sleep Related Bruxism - G47.63
 Primary Snoring - R06.83 Other:
 Sleep Apnea (other/unspecified) - G47

THERAPIES ATTEMPTED:

- CPAP Intolerant Insufficient Surgical Outcome Non-Surgical Candidate

Rx:

Patient Referred For E0486 Oral Appliance Therapy (OAT) For Medically Diagnosed Obstructive Sleep Apnea.

Please confirm that sleep study was completed and that the RX Prescription, Medical Notes, Sleep Study are faxed, or emailed.

Prescribing Physician's Information

NAME:

PHONE NUMBER/FAX:

SIGNATURE:

DATE:



SCAN HERE

Complete the form and we will call to schedule your appointment!

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