Craniofacial Pain & Dental Sleep
Center of Georgia

678.899.6076
office@cpcgeorgia.com

HEADACHES • FACIAL PAIN • NECK PAIN • TMJ DISORDERS • SLEEP APNEA

Rx for Oral Appliance Therapy For Medically Diagnosed Obstructive Sleep Apnea

Introducing: _____ Referral Date: _____

Please provide treatment with oral appliance due to the following: (check all that apply)

- ☐ CPAP intolerant
- ☐ Mild/Moderate OSA
- ☐ Insufficient surgical outcome
- ☐ Primary snoring
- ☐ Adjunct to CPAP therapy

Patient's Phone: _____

- ☐ Please call patient to schedule appointment
- ☐ Patient will call to schedule their appointment

Comments: _____

Diagnosis

- ☐ Obstructive sleep apnea - G47.33
- ☐ Sleep apnea unspecified - G47.30
- ☐ Sleep related bruxism - G47.63
- ☐ Snoring - R06.83
- ☐ _____

Patient has a diagnostic polysomnogram report ☐ Yes ☐ No

Please fax to our office or provide patient with a copy

Physician Name: _____

Physician Signature: _____

Doctor's Phone: _____ Doctor's Fax: _____

Mayoor Patel DDS, MS
DAAPM, FAAOP, FICCMO, FAACP, FAGD
Registered Polysomnographic Technologist
Diplomate American Board of Orofacial Pain
Diplomate American Board of Craniofacial Pain
Diplomate American Board of Dental Sleep Medicine
Diplomate American Board of Craniofacial Dental Sleep Medicine