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**Oral Appliance Prescription For Obstructive Sleep Apnea**

To: Robert B. Tilkin, DDS, MS, FAGD  
11400 Rockville Pike, Suite 509  
Rockville, MD 20852  
Phone: 301-881-7646  
Fax: 301-881-7688

Re: \_\_\_\_\_

Date: \_\_\_\_\_

I am writing to inform you that it is medically necessary for the above named patient to be fitted for an oral sleep appliance. Also, please take all diagnostic dental records that will allow you to safely and effectively treat this patient.

\_\_\_\_\_ was diagnosed with ICD codes G47.33  
\_\_\_\_\_ mild, \_\_\_\_\_ moderate, \_\_\_\_\_ severe Obstructive Sleep Apnea.

\_\_\_\_\_ I have enclosed a copy of the sleep study with my report for your records.  
\_\_\_\_\_ There was no sleep study performed.

- \_\_\_\_\_ The patient was/ was not fitted with a CPAP machine.
- \_\_\_\_\_ The patient is unable to tolerate the CPAP machine.
- \_\_\_\_\_ The patient is not in need of a CPAP machine.
- \_\_\_\_\_ The patient has refused to wear the CPAP machine.
- \_\_\_\_\_ The patient requires an both an oral appliance and the CPAP machine for treatment.

Again, due to the diagnosis of obstructive sleep apnea, it is medically necessary for the patient to be fitted for an oral sleep appliance.

If you need any further information or if I could be of further assistance then please feel free to contact me.

Sincerely,

\_\_\_\_\_  
signature of physician

\_\_\_\_\_  
printed name of physician