BETTER SLEEP
MID OHIO VALLEY

Sleep Apnea & Snoring
TMJ Disorders
Oral Appliance Therapy

Luke Bauserman, DDS, CCSH, DIAOS
3 Rosemar Circle, Ste C
Parkersburg, WV, 26104

NEW PATIENT REFERRAL

PATIENT INFORMATION

Name: _____ **DOB:** _____

Gender: _____ **Height:** _____ **Weight:** _____ **SSN:** _____

Home Address: _____

_____

Email address (for new patient paperwork): _____

MEDICAL HISTORY

Please, attach or provide the following documentation for the patient:

- Medical insurance(s).
- Face-to-face **chart notes dated BEFORE and AFTER the sleep study**, discussing sleep issues.
- **Baseline Sleep Study**: Diagnostic Polysomnography or Home Sleep Test **(CPAP titration and pulse oximetry tests do not qualify)**.
- **Recent (within 6 months to 1 year) chart notes** discussing sleep apnea and/or CPAP intolerance.

Patient is being referred to Luke Bauserman, DDS, CCSH, DIAOS for evaluation and fitting of a medically necessary oral sleep appliance **(E0486/K1027)** as indicated.

Items ordered: E0486/K1027 Custom-fabricated oral appliance for OSA

Diagnosis/ICD 10: G47.33 Obstructive Sleep Apnea **Length of need:** Lifetime

PHYSICIAN INFORMATION

Name: _____ **NPI** _____

Phone: _____ **Fax:** _____

Physician's Signature: _____ **Date:** _____