



NORTH FLORIDA SLEEP & AIRWAY

Dr. Kelly Standish-Mayo, DMD

Jacksonville, FL | Fleming Island, FL

Phone (904) 906-6007 | Fax (904) 280-6658

Date: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

I am prescribing a Mandibular Advancement Device (E0486 or K1027) for the above-named patient who has been diagnosed with Obstructive Sleep Apnea (G47.33).

Severity: ☐ Mild ☐ Moderate ☐ Severe

Patient declined CPAP or is CPAP intolerant: ☐ Yes ☐ No

Patient has one of the following Comorbidities: ☐ Hypertension

☐ Excessive Daytime Sleepiness ☐ Insomnia ☐ Mood Disorder

☐ Impaired Cognition ☐ Ischemic Heart Disease ☐ History of stroke

I concur that the recommended therapy is medically necessary, and I now prescribe treatment, utilizing an FDA approved Mandibular Advancement Device. Length of need is lifetime. I strongly urge you to cover the costs of this therapy. Failure to do so would place the patient's health in jeopardy.

Physicians Name: _____

Physicians NPI: _____

Physicians Signature: _____

***Please include patient demographics, insurance, appointment notes, and sleep study (if the patient has one).**