



PREMIER SLEEP SOLUTIONS OF RICHMOND

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LETTER OF MEDICAL NECESSITY (LOMN) & Rx

Order Date: _____

Patient Name: _____

Date of Birth: _____

Re: Obstructive Sleep Apnea and Mandibular Advancement Device Rx and Statement of Medical Necessity

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

NPI: _____

Date: _____

Prescribing Physician (PRINT): _____

Prescribing Physician's Signature: _____

Physician Address: _____

Phone: _____

Fax: _____