TYLER DAVIS DDS
DENTAL SLEEP APNEA SOLUTIONS

LETTER OF MEDICAL NECESSITY (LOMN) AND Rx

Patient Name: _____

Date of Birth: _____

ID Number: _____

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.

Physician Name: _____

Physician's Signature: _____

Date: _____

Physician Address: _____

_____