

Re: Medical Necessity for Oral Appliance Therapy for Obstructive sleep Apnea

Patient:

Employer:

ID #:

Group #:

To Whom It May Concern:

Insert Patient Name has undergone polysomnographic evaluation at the \_\_\_\_\_, an accredited sleep disorders center. This evaluation confirmed the diagnosis of Obstructive Sleep Apnea syndrome. The patient was referred to this office by Referring Practitioner for treatment.

Insert Patient Name's treatment plan includes placement of an intra-oral device which protrudes the mandible and provides nasal dilation for improved breathing through the throat and the nose during sleep. The OASYS Oral / Nasal Airway System is based on the same principle as cardiopulmonary resuscitation (CPR). By holding the mandible forward, the airway is expanded and held open. The OASYS Oral / Nasal Airway System maintains a clear Pharyngeal airway to reduce snoring and improve breathing, as well as provides improved nasal breathing. I have enclosed information, which pertains to the use of this device in Obstructive Sleep Apnea.

Without treatment, Insert Patient's Name's cardiopulmonary condition can deteriorate and represents a major threat to his/her health. Proper usage and application of this appliance will alleviate or reduce symptoms of Obstructive Sleep Apnea. The patient will be required to use the appliance the remainder of his/her life, unless another treatment is instituted. The appliance is used as an alternative to either surgery or nasal CPAP. The patient will need to return to this office at least yearly for the maintenance of this appliance.

If you have any questions regarding Insert Patient's Name's situation, please feel free to contact me.

Sincerely,

Practitioner's Name