



Todd Morgan
DENTAL CORPORATION

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Encinitas Location
320 Santa Fe, Ste 105
Encinitas, CA 92024

San Diego Location
3311 4th Ave
San Diego, CA 92103

Escondido Location
488 East Valley Parkway, Ste 105
Escondido, CA 92025

Dental Sleep Medicine Referral Form

Please include as much information as possible regarding the patient and attach any patient's clinical history, insurance info, and demographics.

Section 1: Patient Information (required)

PATIENT NAME:

REFERRING PHYSICIAN:

ADDRESS, CITY, STATE, ZIP:

ADDRESS, CITY, STATE, ZIP:

DOB:

PHONE:

FAX:

HOME PHONE:

CELL PHONE:

EMAIL:

WORK PHONE:

CA LICENSE:

NPI:

Section 2: Medical History & Reason For Referral (required)

- | | | |
|---|--|--|
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> History of OSA (G47.33) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> CPAP Intolerant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity | |

Section 3: Sleep Disorders/Diagnostic Services (required)

- Please initiate oral appliance therapy for OSA. (E0485, E0486, 99203, 99213, 70486)
- Please evaluate current oral appliance for adjustments or repairs. (L4204, L4210)
- Oral appliance replacement (E0486)

PRACTITIONER SIGNATURE

SPECIAL REQUESTS

DATE

PATIENT INSURER NAME AND INSURANCE ID#

Todd Morgan Dental is Proud to Recognize our Continued Preferred Provider Partnerships and their Commitment to Quality Patient Care

DME Provider: (Oral Appliance Therapy)

In-Network:

Arch Health Partners

Cigna

Graybill Medical Group Medicare

Multiplan

Sharp Community Medical Group

Out-of-Network:

Most PPO insurances

Experiences

Policy Expert Insurance

Data Driven

Patient Concierge

Integrated Sleep Apnea Care Model

Contact Us

Phone: 800-619-4672

Fax: 619-299-6222

www.sleepdata.com



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