

**Prescription For Oral Appliance Therapy for Obstructive Sleep Apnea\***

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
Patient Telephone: \_\_\_\_\_

**Prescription to be filled by:  
C. Edgar Davila, D.D.S., M.S.**

**www.tampasmiles.net**

Credentialed by the Academy of Dental Sleep Medicine  
Board Certified Prosthodontist

**4712 N. Armenia Ave. Ste 100, Tampa, FL 33603**

Appointment Line: 813-872-9313 FAX: 813354-9446

The patient referred with this form has been evaluated by the above physician and has been diagnosed, using acceptable medical criteria, to have:

- Obstructive sleep apnea or Severity \_\_\_\_\_  
 Simple Snoring.

This patient is :

- Intolerant of CPAP therapy  
 Is not a candidate for CPAP therapy

Explanation (if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The patient is being sent for OA therapy with:

- The appliance chosen by Dr. Davila and the patient as most suitable  
 A \_\_\_\_\_ appliance (specific name)

Signature of referring physician:

\_\_\_\_\_  
**\*As a physician, I deem this therapy to be medically necessary.**

Date: \_\_\_\_\_

Obstructive Sleep Apnea is a medical condition that tends to become more severe with time, and requires periodic re-evaluation by a qualified physician.

Oral Appliance Therapy is less effective in controlling this disease than CPAP, and patients referred for this therapy may need to explore additional options of treatment if the appliance alone is deemed to provide suboptimal management of the sleep apnea.

Copies of Sleep Studies with full report are required by Dr. Davila for appropriate care and to obtain medical insurance coverage.

**Original Prescription MUST be mailed or delivered to Dr. Davila**