



**Sleep & Snore  
Dental Solutions**

**Dr. Kusum Atraya DDS, BDS**

**Diplomate and Qualified Sleep Dentist, American Academy of Dental Sleep Medicine**

*Gilroy Family Dental Center  
1395 1st Street, Suite 102  
Gilroy, CA 95020*

*Lotus Dental Spa  
18181 Butterfield Blvd., Suite 110  
Morgan Hill, CA 95037*

**Referring a patient is easy!  
Simply fill out this form and fax it to our office at (408) 842-5038.**

**PHYSICIAN ORDER FORM AND STATEMENT OF MEDICAL NECESSITY**

**PATIENT INFORMATION**

**First Name:**

**Last Name:**

**Birth Date:**

**Home Phone:**

**Address:**

**Cell Phone:**

**PRESCRIBED SERVICES**

- Diagnostic Sleep Study and Oral Appliance (E0486)**
- Diagnostic Sleep Study only**
- CPAP**

**DX CODES**

**G47.33 Obstructive Sleep Apnea**

**AHI=**

**COMMENTS**

**REFERRING PHYSICIAN**

**I certify that the above services prescribed by me are medically indicated and in my opinion are reasonable and necessary with reference to all professionally recognized medical standards and treatment to this patient's condition**

**Name:** \_\_\_\_\_

**Ph #:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Physician Signature**

**Date**

Kindly send patient's copy of **insurance information, sleep study** and sleep assessment with this form.  
We will fax our clinic report promptly after seeing your patient. Thank you for your referral.

Ph: 408-842-5037, 408-778-7700

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www.Sleepandsnoredentalsolutions.com