ORAL-VITALITY

DENTAL SLEEP MEDICINE | PHYSICIAN REFERRAL

PHONE 949-669-5204
FAX 949-267-7214

Kathleen Carson, DDS

For patients referred for dental sleep medicine evaluation and possible oral appliance therapy.

Complete electronically or print. Fax with relevant records to 949-267-7214.

1 PATIENT INFORMATION

Patient full name

Date of birth

Patient phone

Patient email (optional)

2 REFERRING MEDICAL PROVIDER

Physician / clinician name

Practice / organization

Office phone

Office fax

Office contact / coordinator

3 REFERRAL REASON & CLINICAL INFORMATION

- ☐ Diagnosed OSA: oral appliance evaluation
- ☐ PAP intolerance / difficulty
- ☐ Patient preference for an alternative
- ☐ Reassess existing oral appliance
- ☐ Other (describe in notes)

OSA severity (if known): ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Most recent sleep study date (if known)

PAP treatment status / pertinent context

Clinical notes / specific request

4 ENCLOSURES & PATIENT LOCATION

- ☐ Sleep study / diagnostic report
- ☐ Physician referral / order
- ☐ Relevant clinical notes
- ☐ Other supporting records

Preferred consultation location: ☐ Newport Beach ☐ Agoura Hills

5 OFFICE LOCATIONS & REFERRAL INSTRUCTIONS

ORAL-VITALITY - RESTORE DENTAL STUDIO

30200 Agoura Road, Suite 270
Agoura Hills, CA 91301
Phone: 818-889-0400

ORAL-VITALITY

20271 Acacia Street, Suite 100
Newport Beach, CA 92660
Phone: 949-669-5204

CENTRAL REFERRAL FAX (BOTH LOCATIONS): 949-267-7214

Fax the completed form with relevant records. Confirm medical OSA diagnosis before appliance therapy.

CONFIDENTIAL CLINICAL DOCUMENT | Transmit only through approved secure fax or clinical channels.
Do not email completed patient forms to general marketing addresses or submit them through Wix/GHL.

ORAL-VITALITY

PHYSICIAN ORDER | ORAL APPLIANCE THERAPY FOR OSA

Kathleen Carson, DDS **REFERRAL FAX: 949-267-7214**

Complete this order only when OSA is diagnosed and oral appliance therapy is clinically indicated.

1 PATIENT & PRESCRIBING PROVIDER

Patient full name

Date of birth

Prescribing physician / qualified medical provider

NPI

Office phone

Office fax

2 DIAGNOSIS & ORDER

DIAGNOSIS: Obstructive sleep apnea (OSA) | ICD-10-CM: G47.33

ORDER: Evaluate, fit, and manage a custom oral appliance for diagnosed OSA, as clinically appropriate. Either of the following HCPCS categories is authorized:

☐ E0486 / K1027 | Custom oral appliance for OSA (either applicable code)

☐ PAP intolerance / unable to tolerate PAP

☐ Patient prefers an alternative to PAP

☐ Other indication / supporting clinical context (specify below)

Additional clinical context (optional)

3 SUPPORTING RECORDS & CARE COORDINATION

☐ Diagnostic sleep study enclosed

☐ Relevant medical notes enclosed

Please provide the diagnostic sleep study and pertinent medical documentation with this order.

Oral appliance selection, adjustment, and dental follow-up: Kathleen Carson, DDS.

Objective treatment efficacy assessment and medical OSA management remain physician-coordinated.

4 PRESCRIBER AUTHORIZATION

Prescriber signature (sign after printing, or use an approved digital signature)

Date signed

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This template is subject to payer-specific ordering and documentation requirements.