DreamDentalKC.com

Part of S&G Family Dentistry
11313 Ash Street, Leawood, KS 66211
P: (913) 451-2929
F: (913) 600-5575

Dr. Nancy Addy, DDS
Dr. Jarrett Grosdidier, DDS
Dr. Josh Matthews, DDS

Physician Information

Physician Name	Phone	Fax	NPI#

Patient Information

Patient Name	Phone	Date of Birth

The patient referred with this form has been evaluated by the above physician and has been diagnosed to have:

- ◯ Mild Obstructive Sleep Apnea
- ◯ Moderate Obstructive Sleep Apnea
- ◯ Severe Obstructive Sleep Apnea
- ◯ Simple Snoring

The patient is:

- ◯ CPAP intolerant
- ◯ Not a candidate for CPAP therapy
- ◯ Other – explanation ____________________

As a physician, I deem this therapy to be medically necessary. Patient is being referred for:

- ◯ Oral Appliance Therapy
- ◯ Mouth Closing Device
- ◯ Home Sleep Test (HST)

Sleep Study

Date of sleep study ___________

Please fax a copy of the sleep study results to us as well.

Copies of sleep study results are required for appropriate care. If you do not have the sleep study at the time of submitting this referral, you may fax the sleep study at a later date.

Physician Signature ____ **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.

Please fax the completed referral form and sleep study to our office at 913.600.5575.