

Documents needed to refer to Dr. Brenna McLain

For Oral Appliance Therapy for OSA

-Copy of the Diagnostic PSG or HST and any CPAP/BIPAP titration PSG's if you have them. The most important is the Diagnostic

-Letter of medical necessity or referral to our office outlining diagnosis and rationale for appliance this can be done on a prescription pad or computer generated. We can provide a fillable template for use if you would like.

If you are putting a dx code on your referral please use 327.23

-Any relevant face to face chart notes leading up to this referral indicating recommendation for testing, rationale for oral appliance, or that may indicate PAP intolerance.

-Patient demographics, including contact information and patient insurance information.

-You can fax all this information to us at 303-663-6534

We appreciate your support and look forward to helping your patients. If you have any questions please feel free to call our office any time at 303-688-6630