

Jennifer Le, DMD, D-ABDSM, CPCC, ACC

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2815-115 Wakefield Pines Dr.  
Raleigh, NC 27614  
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Re:

DOB:

In order for us to file a Medicare claim for our mutual patient named above, we will need the following:

- Detailed Written Order —Signed by the referring physician. If this is checked, a Detailed Written Order will be enclosed for you. Please fill in the physician's name and NPI along with a signature and date. (NO SIGNATURE STAMPS PLEASE)
- Copy of the most recent Medicare covered sleep study.
- Report of clinical evaluation before sleep study along with post sleep study evaluation and necessity of oral appliance.
- Prescription for an oral appliance for treatment of Obstructive Sleep Apnea signed by the referring physician. (NO SIGNATURE STAMPS PLEASE)

Thank you for your cooperation.

Dr. Jennifer Le, DMD, D-ABDSM, CPCC, ACC  
American Academy of Dental Sleep Medicine