New Life
SLEEP

Joseph Cranston, DDS - Sleep Dentist
11526 Highland Rd., Hartland MI 48353
P:810-275-1380 F:833-781-5896

**Prescription for Oral Appliance Therapy for Obstructive Sleep Apnea**

Referring Physician:_____ Tel:_____

Patient Name:_____

Patient Address:_____

Patient Telephone:_____

Diagnosis:
Obstructive Sleep Apnea ____
Severity: (circle one) Mild Moderate Severe
Simple Snoring ____

This patient is:
Intolerant of CPAP therapy ____
Is not a candidate for CPAP therapy ____
Explanation (if necessary):

Signature of Referring Physician:_____
Date:_____

Please fax a copy of patient's medical insurance, photo ID and clinical notes related to sleep disordered breathing with this prescripition