

Hudson Sleep & TMJ Center

Dr. Daniel Suh

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Edgewater, NJ 07020
(201) 943-4000

Patient's Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: (____) _____ DOB: _____ Email: _____

Requesting Physician's Name: _____ Email: _____

Insurance Provider: _____ HMO _____ PPO _____ POS _____ EPO _____ INDEM _____ MCR _____ MCD _____

Policy Number: _____ Group Number: _____ Employer: _____

Insured: Self ☐ Spouse ☐ Child ☐ Other ☐ Medicare: YES ☐ NO ☐

Sleep Study Available: YES ☐ NO ☐

Reason For Referral (Mark All That Apply)

Diagnosis: ☐ Obstructive Sleep Apnea (ICD 327.23) ☐ Insomnia due to Sleep Apnea (ICD 780.51)
☐ Sleep Apnea/Sleep Related Breathing Disorder, Unspecified (ICD327.20) ☐ Hypersomnia due to Sleep Apnea (ICD 780.53)
☐ Other, Unspecified (ICD 780.57)

Indications:

Snoring ☐ Witnessed Apneic Events ☐ Excessive Daytime Sleepiness ☐ Depression and Anxiety ☐
Headaches and Difficulty Concentrating ☐ Hypertension ☐

Rx: ☐ Fabricate Custom Oral Appliance

Therapies Attempted: CPAP: Intolerant ☐ Not a good Candidate ☐ Surgery: YES ☐ NO ☐

Successful CPAP Pressure: _____

Comments/Special Concerns: _____

STATEMENT OF MEDICAL NECESSITY

This above patient has undergone a sleep study for a sleep related breathing disorder. This evaluation confirmed an Oral Appliance is medically necessary. Oral Appliance Therapy (OAT) is used as an alternative to surgery at this time and or CPAP, as this patient could not tolerate CPAP or does not feel he/she will be able to tolerate CPAP.

Physician's Signature: _____ Date: _____

Address _____ City, State Zip _____ Phone _____