Letter of Medical Necessity (LOMN) and Rx

White Wolf Dental | 1221 Dunlawton Ave Suite 100, Port Orange, FL 32127
Office: 386-304-1181 | Fax: 386-304-6401

Patient name

Date of birth

ID number

Re: Obstructive Sleep Apnea and Mandibular Advancement Device

Rx and Statement of Medical Necessity

I am prescribing a Mandibular Advancement Device (E0486) for the above named patient who has been diagnosed with Obstructive Sleep Apnea (G47.33). I concur that the recommended therapy is medically necessary and I now prescribe treatment utilizing an FDA approved Mandibular Advancement Device. Length of need is lifetime. I strongly urge you to cover the costs of this therapy. Failure to do so would place the patient's health in jeopardy.

Physician name

Physician signature

Date

Physician address