diamond dental
SLEEP SOLUTIONS

Sample RX

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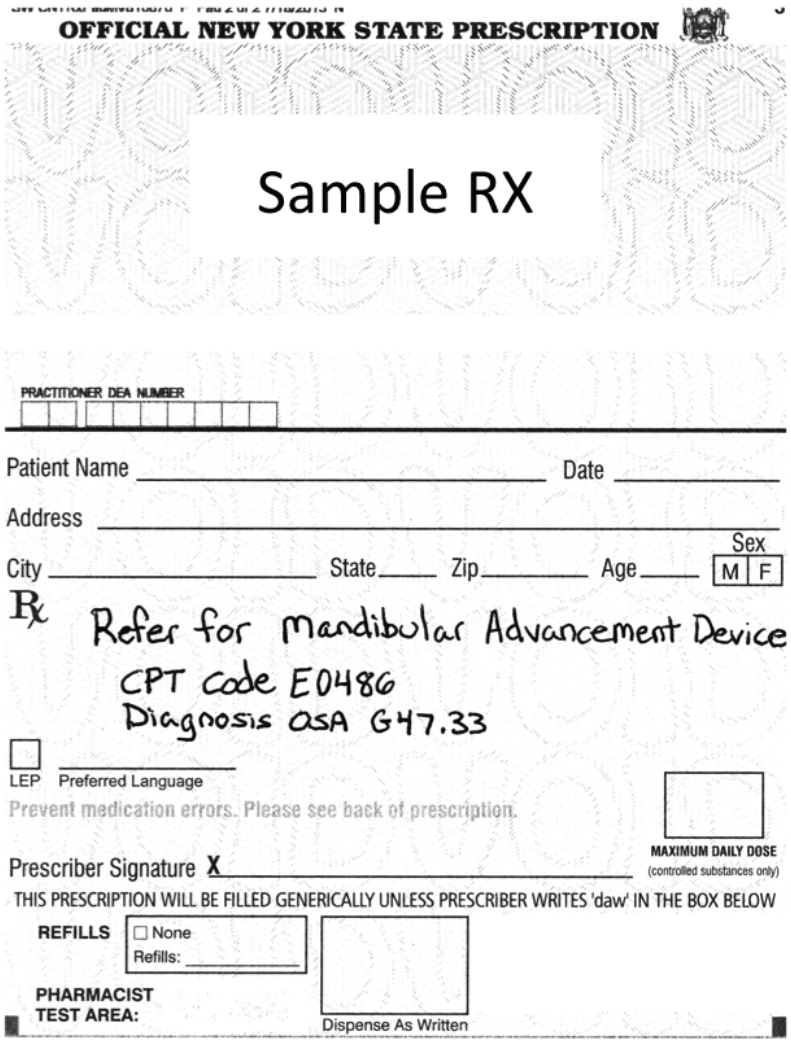
Please write the prescription on your regular prescription pad and includes the following 3 items:

1. "Refer for Mandibular Advancement Device"
2. CPT Code E0486
3. Diagnosis code for Obstructive Sleep Apnea (OSA) G47.33

If you use electronic prescriptions, please submit it as normal with the same information and send us the confirmation page.



OFFICIAL NEW YORK STATE PRESCRIPTION

Sample RX

PRACTITIONER DEA NUMBER

Patient Name _____ Date _____

Address _____

City _____ State____ Zip_____ Age____ Sex M F

Rx Refer for Mandibular Advancement Device
CPT code E0486
Diagnosis OSA G47.33

☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

MAXIMUM DAILY DOSE (controlled substances only)

Prescriber Signature X _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS ☐ None Refills: _____

PHARMACIST TEST AREA:

Dispense As Written