

ANTHONY T. DIOGUARDI, D.M.D.

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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.

Anthony T. Dioguardi, D.M.D.
Diplomate of the American Board of Dental Sleep Medicine