



Dr. Chris M Chui
 130 Sansome Street
 San Francisco, CA 94104
 T: (415) 781-1944
 F: (415) 625-9643

SAN FRANCISCO DENTAL WELLNESS
Cosmetic Dentistry & Dental Sleep Medicine

Introducing: _____ DOB: _____ Ph: _____ Date: _____
 Address: _____ Email: _____
 Referring Doctor: _____ Ph: _____ Fax: _____
 Email: _____

Insurance Information

Medical Insurance: _____
 PPO Insurance: _____
 a. Member ID # : _____ ; Group # : _____
 b. Ins Phone # : _____
 c. Mailing Address: _____
 Dental Insurance: _____
 a. Member ID # : _____ ; Group # : _____
 b. Ins Phone # : _____
 c. Mailing Address: _____

ORAL APPLIANCE THERAPY REFERRAL FORM

Diagnosis:
 Patient has no sleep studies Obstructive Sleep Apnea (ICD G47.33) Mild ___ Moderate ___ Sever ___ (AHI: ___ RDI: ___) Snoring (ICD R06.83) Sleep Apnea, Other, Unspecified (ICD G47.30) Sleep Apnea/Sleep Related Disorder, Unspecified (ICD G47.30) UARS

Treatment Options:
 Sleep Study needed for diagnosis
 Mandibular Advancement Device/Dental Sleep Appliance (e0486) for Obstructive Sleep Apnea
 Mandibular Advancement Device to be used with combination with CPAP
 Mandibular Advancement Device/Dental Sleep Appliance (20486) for Snoring (D5899)

Medical Justification for Recommendation of a Mandibular Advancement Device:
 Mild to Moderate Sleep Apnea Unable to tolerate CPAP Surgical Approach is not Treatment of Choice
 Weight Management not Ideal

Comments: _____

TMJ(TMD) & OROFACIAL PAIN REFERRAL FORM

Chief Concerns:
 TMJ Pain Refractory Toothaches Neck Aches
 Facial Pain Limited Opening Clicking of Joints
 Muscles Soreness Uncomfortable Bite Emergency Visit
 Other: _____

Chris M. Chui, MAGD, ABDSM, D-ASBA
 Board Certified Diplomate with American Board of Dental Sleep Medicine (ABDSM)
 Board Certified Diplomate with American Breathing and sleep academy (D-ASBA)
 Qualified Dentist for Dental Sleep Medicine with American Academy of Dental Sleep Medicine (AADSM)