

Order Form

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Patient Info

Patient Name: _____ Primary Ins.: _____
DOB: _____ Phone: _____ Group #: _____
Email: _____ Policy #: _____

Oral Appliance Therapy

Schedule OAT Consult – Supply E0486 Oral Appliance Patient *Has Tried* CPAP Patient *Hasn't Tried* CPAP

Diagnosis

G47.33 Obstructive Sleep Apnea G47.31 Central Sleep Apnea Unattended Sleep Study/Home Sleep Test (327.23/G47.33)

Equipment Information



Eclipse™ by Bleep

- Eclipse Interface (A7034)
- Eclipse Halos/Rings (A7033)

Refills _____ (99 Lifetime)

Please Enclose Copy of Sleep Study _____



- Made with MagSeal™ magnetic seal technology, funded by the NIH*
- Only clinically proven no leak solution
- No headgear or straps
- No ulcerations
- No hair matting
- No dry eye and no puffy eye
- No skin marks/redness

*Magnets used in the Eclipse™ are within ICNIRP guidelines for general public use and comply with FDA requirements/guidelines. The magnetic strength is 65 mT. Ensure the mask is at least 0.8 inches (2 cm) away from any active medical implant or medical device (e.g., pacemaker, defibrillators, neurostimulators, cochlear implants, hearing aids), to avoid possible effects from localized magnetic fields. If patient/household member has magnets or metal in their bodies consult with physician prior to use.

Prescriber Information

Practice Name: _____ NPI: _____
Contact Name: _____ Face-to-Face Visit Date: _____
Contact Number: _____ Order Date: _____
Contact Email: _____ Start Date: _____
Ordering Physician: _____ Length of Need: _____ months (99 = Lifetime)
Prescriber's Signature: _____ Date: _____

PLEASE ATTACH PATIENT DEMOGRAPHICS, SLEEP STUDY, AND OFFICE VISIT NOTES WITH HISTORY AND PHYSICAL