

Dear Dr. _____,

I hope this letter finds you well.

This is regarding our shared patient _____.

I am enclosing the results of a home bruxism/sleep test which I administered for this patient's bruxism issues which I have diagnosed to be significant and in need of treatment. This report also indicates the patient may have a sleep disorder that needs attention and a medical diagnosis. A board-certified sleep physician report and a dental bruxism report is enclosed as well.

With your permission, an oral sleep appliance would serve this patient very well as it would be able to provide treatment for both the patient's bruxism issues as well as their sleep disorder as indicated by this test. My office can fabricate this oral appliance.

I have enclosed a letter of medical necessity along with a prescription form for you to sign if you agree with this treatment. Please sign and fax or send back to my office as soon as possible so the patient may receive this appliance quickly.

If you have other thoughts or want to discuss this patient's treatment, please call my office at _____ and I would be happy to speak with you, so this patient gets treatment quickly and efficiently.

I look forward to working with you on this and other patients in the future.

Sincerely yours,