

Patient Name: _____ DOB: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Insurance Provider: _____ Policy Number (if available): _____

Diagnosis:

Mild obstructive sleep apnea - ICD-10 G47.33

Primary snoring - ICD-10 R06.83

Rx:

eXciteOSA® control unit and mouthpiece

Therapy frequency of 20 minutes a day x 6 weeks, and then 20 minutes x 2 days per week maintenance

Mouthpiece Refill:

Every 90 days

Physician Office Street Address: _____

Phone: _____ **NPI/UPIN:** _____

Physician Office Email Address: _____

Physician Signature: _____ **Date:** _____

Physician Name: _____

Notes: _____

Dispense as Written – No Substitutions

Fill your prescription now at eXciteOSA.com/Fill



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www.exciteOSA.com