



## Letter of Medical Necessity

This letter serves as a prescription and letter of medical necessity for the patient referenced below currently being treated.

### To be filled out by patient:

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### To be filled out by physician regarding patient listed above:

Recommended Treatment: Use SleepPhones® headphones every night\*

Diagnoses (check all that apply):

Insomnia (F51.09)

Tinnitus (H93.19)

Misophonia (H93.299)

Jet Lag Type (F47.25)

Restless Leg Syndrome (G25.81)

*Other abnormal auditory perceptions, unspecified ear diagnosis*

Environmental Sleep Disorder (F51.8)  
*Snoring, noisy environment*

Shift Work (G47.26)

Other (Explain): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THANK YOU!

Patient should keep this letter as necessary proof for reimbursement under a Flexible Spending Account, Health Reimbursement Account, or Health Insurance Coverage Plan.

\* IMPORTANT DISCLAIMER: While SleepPhones® headphones may promote sleep health in your patients, AcousticSheep LLC does not claim to prevent, diagnose, cure, or treat any diseases or disorders.

SleepPhones® are an FDA Listed device but have not been evaluated for effectiveness in double-blind placebo-controlled clinical trials yet.

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