

PROOF OF DELIVERY (POD) FOR CUSTOM ORAL APPLIANCE

RECEIPT OF DME GOODS



Supplier: Sleep Impressions, LLC (or it's affiliate Millennium Sleep Lab, LLC)

Administered by:

I certify that I have received the item(s) marked below in good condition. This equipment is medically necessary and not substandard. This device was fitted and sized and the device fits well. I have received verbal and written instructions for use of the equipment, the warranty, and complaint resolution information.

_____ Custom Fabricated Oral Appliance for Obstructive Sleep Apnea (E0486) - Qty 1

Brand/Manufacturer: _____

_____ Repositioning appliance for AM alignment (S8262/D8210/L3999) - Qty 1

_____ Other Item: _____

Date Received _____

Patient Name (Please Print)

Patient Signature

Date _____

Supporting Documents 1



www.apzme.com
www.sleepgs.com
www.millenniumsleeplab.com
www.sleepimpressions.com

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