



## Referral for Possible Sleep Apnea Issue and Necessary Treatment

( FOR PATIENTS WITHOUT AN EXISTING SLEEP STUDY )

### PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

### REQUEST FOR EVALUATION FOR POSSIBLE SLEEP APNEA & TREATMENT

This patient referenced above is being sent to Stephen J. Gershberg to be evaluated for possible sleep apnea. If the patient is officially diagnosed with Obstructive Sleep Apnea and the severity indicates the need for a prescribed treatment, then a CPAP machine will be the first prescription choice. If the patient is intolerant to the CPAP machine or refuses to wear the machine, then a mandibular repositioning oral appliance will be the treatment of choice.

As the patient's treating physician, I request that Main Line Snoring Solutions (*check all that apply*):

- Administer an at-home sleep study, OR refer the patient to a Sleep Center for the required sleep study*
- Call me to discuss the patients' official diagnosis after sleep study results are made available*
- Treat As Necessary*

### REFERRING PHYSICIAN INFORMATION

PHYSICIAN NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

PHYSICIAN'S NPI#: \_\_\_\_\_ PHYSICIAN'S LICENSE#: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_