



Anchorage
 3920 Lake Otis Pkwy., Ste.101
 Anchorage, AK 99508
 P: 907.770.9104
 F: 907.770.8965

Fairbanks
 1901 Airport Way, Ste. 101
 Fairbanks, AK 99701
 P: 907.374.3063
 F: 907.374.8872

Soldotna
 588 Pace Street
 Soldotna, AK 99669
 P: 907.420.0540
 F: 907.420.0541

Wasilla
 1051 East Bogard Rd., Ste. 1
 Wasilla, AK 99654
 P: 907.357.6700
 F: 907.357.6672



Patient Name: _____ DOB: _____ Occupation: _____
 Address: _____ City: _____ State/Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Reason For Referral

Obstructive sleep apnea symptoms:

- Witnessed apneas
- Excessive daytime sleepiness/Fatigue
- Snoring
- Morning Headaches

Other sleep disorder indicators:

- Poor memory/cognition
- Violent behavior in sleep
- Restless legs
- Periodic movements
- Cata plexy and narcolepsy
- Nighttime seizures
- Insomnia
- Other:

Comorbid Conditions (select all that apply)

- Leg Movements
- Congestive heart Failure
- COPD
- Stroke
- Central Sleep Apnea
- Chronic Pain
- Neuro Muscular Disease
- BMI > 45

Please Indicate consultation or the type of sleep study to be ordered (select only one)

Medical History Review by a board certified sleep disorders specialist to determine exact type of sleep study required to best evaluate sleep disturbance.

Two Night Polysomnogram and follow up consultation with a board certified sleep specialist: If positive for obstructive sleep apnea, patient will return for a second night with a titration of nasal CPAP/Bi-Level therapy.

Split Night Polysomnogram with Titration and follow up consultation with a board certified sleep specialist: Study is initiated as diagnostic and converted to CPAP or Bi-Level Titration the second half of the study if sleep apnea is present and enough time remains to perform an adequate trial. If the patient does not meet criteria for a split study but is positive for OSA, the patient will return for a second night study.

Polysomnogram with Titration and follow up consultation with a board certified sleep specialist: A Polysomnogram with CPAP or Bi-Level applied for the entire night for patients with diagnosed sleep apnea.

Home Sleep Test (Type III): An unattended sleep study monitoring airflow, snoring, respiratory effort, heart rate, and oximetry performed in the patient's home.

Other: _____

Follow-up with board certified sleep disorders physician, nurse practitioner, or physician assistant to discuss study results, order and manage CPAP therapy, sleep hygiene, and/or sleep related medications as indicated.

Follow-up with ordering physician to discuss study results, order and manage CPAP therapy, and/or sleep related medications.

Referring Physician Signature: _____ Date: _____
 Physician Name (Print) _____ NPI: _____
 Address: _____ Contact: _____
 Phone: _____ Fax: _____

Please Send medical history, medication list, insurance information, a copy of insurance card(s)-Front & Back. Thank you for the referral.