



ADVANCED RESPIRATORY & SLEEP MEDICINE, INC.

SHARAD K. DASS, MD, FCCP
MEDICAL DIRECTOR, SLEEP WELL MEDICAL CLINIC
PULMONARY & CRITICAL CARE MEDICINE

Referral Form

Fax: 831-417-4881

Tel: 831-778-4095

E-mail: salinassleepwell@sbcglobal.net

Patient Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

DOB: _____ Sex: M / F

Telephones: Home: _____ Work: _____ Cell: _____

PRIMARY INSURANCE: _____

SLEEP CONSULTATION

Please select one or more of the following:

DIAGNOSTIC POLYSOMNOGRAM (PSG)
A sleep study using EEG, EOG, EMG for sleep Staging – plus 4 or more additional parameters of sleep such as EKG, airflow, respiratory effort, oximetry and body position. Attended by a technologist.

SPLIT-NIGHT (Diagnostic & Treatment)
Polysomnogram with CPAP or BI-LEVEL therapy. Same as above except nasal CPAP or BI-LEVEL therapy is used after a baseline recording. Attended by a technologist.
(If Split-Night criteria are not met, a Diagnostic PSG will be performed)

TITRATION STUDY (CPAP OR BI-LEVEL)
Therapy with all night Polysomnogram CPAP or BI-LEVEL therapy is initiated at the beginning of the night to determine treatment pressure. Attended by a technologist.

PORTABLE HOME SLEEP STUDY
A sleep study performed at the patient's home. *(Not as comprehensive as an Attended Diagnostic PSG)*

MULTIPLE SLEEP LATENCY TEST (MSLT)
A series of nap studies performed and generally preceded by a polysomnogram for the objective evaluation of daytime sleepiness or suspected Narcolepsy; Attended by a technologist.

MAINTENANCE OF AWAKEFULNESS TEST (MWT)
A series of nap studies that are performed primarily during the day following the patient's sleep study. This is a standardized test to justify their level of alertness/wakefulness: Attended by a technologist.

OVERNIGHT OXIMETRY STUDY
A quick screening tool to monitor blood oxygen saturations & heart rate.

CPAP SERVICES/SUPPLIES

CPAP Pressure: _____ cmH2O
CFLEX /EPR of _____

APAP Pressure Range: _____ to _____ cmH2O
AFLEX/EPR of _____

BI-PAP Pressure: _____ IPAP _____ EPAP
BiFLEX/EPR of _____

HOME OXYGEN @: _____ LPM Nocturnal Continuous

SUPPLIES

- Nasal Mask Full Face Mask Nasal Pillows Headgear
- Chinstrap Filters Tubing Chinstrap Tubing Wrap
- Re-instructions Pressure Change Battery Pack
- Heated Humidifier
- Other _____

Referring Physician Information

Specialty: Family Practice Internal Medicine Pulmonary Cardiology ENT Nephrology Allergy & Asthma
 Psychiatry Neurology Other _____

Physician Name: _____ Tel: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature:
