



- ✓ Sleep Medicine + Telemedicine
- ✓ Board Certified in Sleep Medicine
- ✓ Accredited Facilities
- ✓ Commercial and Medicare Insurances Accepted

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Sleep Medicine Referral Form

Name	Date of Birth	
Contact #	Alternate Contact #	Email
Address	City	
Primary Insurance	Policy #	Group#

Requested Services

- Complete Evaluation and Management**
Initial Sleep Evaluation Consultation, Ordering Appropriate Sleep Study, Diagnosing, and Provide Treatment. Our providers will communicate results and treatment methods.
- Patient is a good candidate for Telemedicine**
- 1st Night Full Channel In-Lab Study**
- 2nd Night Full Channel In-Lab Study with CPAP or Dental Appliance**
- Split Night Full Channel In-Lab Study (if patient meets criteria)**
- Limited Channel Home Sleep Apnea Test**

****Please attached clinical visits and prior sleep studies to all orders****

If a full channel study is not appropriate, by insurance or patient, a Limited Channel Home Sleep Apnea Test (HSAT) will be performed.

Clinical Observations

- Heavy Snoring
- Anxiety/Depression
- Hypertension
- Diabetes
- Obesity
- Witnessed Apnea
- Other _____

Suspicion of

- Sleep Apnea
- Restless Leg Syndrome
- Periodic Leg Movement
- Insomnia
- Narcolepsy
- Other _____

Previous Diagnosis

- Has Obstructive Sleep Apnea
- Currently On CPAP
- Has Periodic Leg Movement
- Has Insomnia
- Has Narcolepsy
- Other _____

I prefer to interpret my patient's sleep study results

Provider Signature	Date
Provider Name	Office Point of Contact
Address	NPI

Thank you for choosing Texas Sleep Docs! Please FAX this form to 866-510-2239