

SLEEP REFERRAL CHECKLIST

DATE: _____

TO: REM Sleep Diagnostics Napa REM Sleep Diagnostics Vacaville
 855 Bordeaux Way, #220 750 Mason Street, #205
 Napa, CA 94558 Vacaville, CA 95688
 707-252-8400 707-469-8400
 707-252-4700 fax 707-469-8469 fax

FROM:

THE OFFICE OF: _____

PHONE: _____ FAX: _____

RE: REFERRAL FOR SLEEP CONSULTATION

PATIENT: _____

DOB: _____ PHONE #: _____

THANK YOU IN ADVANCE FOR INCLUDING THE FOLLOWING INFORMATION:

- History and Physical** — describing the patient's most recent history/physical and reason for referral.
- Current patient demographic information and a copy of insurance card.**

This patient is already receiving care from the following service provider through our office:

- Apria Pacific Pulmonary Services Pulmonary Solutions
- Respiratory Equipment Management Other: _____

We appreciate your referral; we will communicate with you on the progress of your patient, as well as send any reports from testing and/or follow-up visits.

Thank you for trusting your patients to REM Sleep Diagnostics!