



1414 116TH AVENUE NE SUITE F BELLEVUE, WA 98004
TEL. (425) 451-8417 FAX (425) 455-4089

Stanley Chen, M.D.
Medical Director

TEST REFERRAL FORM

IN-HOME OVERNIGHT SCREENING FOR OBSTRUCTIVE SLEEP APNEA
(OSA)

PATIENT NAME: _____ Date of Birth: _____

Insurance: _____ Patient Phone No. _____

Ordering Physician: _____ NPI # _____

PHONE # _____ FAX #: _____

SYMPTOMS: (Check all that apply)

- Snoring
- Apnea/gasping
- Fatigue/Sleepiness
- Hypoxemia
- Insomnia
- Hypertension
- Arrhythmia
- Restless Legs
- Stroke
- Other: _____

Ordering Physician Signature: _____ Date: _____

DEFINITION OF TEST:

RU sleeping is an overnight home screening test designed to predict patient breathing pauses per hour (AHI) during sleep. If the patient has a screening result of 5 or more as a reading on the front window of the device upon awakening in the morning this indicates that they may have Obstructive Sleep Apnea (OSA), and a Nocturnal Polysomnogram (NPSG) is indicated. Please fill out this form and fax it to Bel-Red Sleep Diagnostic Center or send the patient to the sleep center to deliver the request for screening in person.

If you have questions about which test is appropriate for your patient, please call us directly. The sleep study results will be faxed or mailed to the referring physician's office. Please allow at least 3 business days for the test results. For your patient's privacy please be sure that the fax number you provide is correct.