

SLEEP MEDICINE REFERRAL FORM

Referral Date: 2025-08-28 Referral ID: REF-2025-0828-0012

Patient: Alex Rivers DOB: 03/14/1978 Age: 47 Sex: M MRN: MRN-784210

Phone: (555) 312-8890

Vitals: Ht 5'10" Wt 212 lbs BMI 30.4 BP 132/84 Neck 17.5 in Mallampati III

Insurance: Prominence Health Member: PHX9022331 Group: GRP4451A Plan: PPO

Referring Provider: Dr. Sarah Thompson, MD Specialty: Primary Care NPI: 1992456789

Study Requested: In-Lab Polysomnography CPT: 95810 Priority: routine Auth#: AUTH-77821Q

Chief Complaint: Excessive daytime sleepiness, loud snoring, witnessed apneas

Symptoms: loud snoring, witnessed apneas, morning headaches

Epworth Score: 16 Primary Dx: Suspected Obstructive Sleep Apnea

Ref Provider Signature: _____ Date: _____

Patient Signature (if needed): _____ Date: _____