SLEEPEFFECT
Center for Apnea Management

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Name:_____ is being referred for:

Phone:_____

- ☐ Consultation for possible oral airway therapy
- ☐ Airway dilator device for mild/moderate OSA
- ☐ Airway dilator device for severe OSA/CPAP intolerant
- ☐ Hybrid oral appliance for co-therapy in conjunction with CPAP
- ☐ Pharyngometer/Rhinometer airway evaluation
- ☐ Ambulatory sleep test (to be interpreted by physician)

Patient has been diagnosed with

- ☐ Mild OSA AHI_____
- ☐ Moderate OSA RDI_____
- ☐ Severe OSA
- ☐ Mixed Apnea PSG performed at_____
- ☐ Other_____

Comments:_____

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Referring Physician:_____

Signature:_____ Date:_____