OLD BETSY DENTAL SLEEP
DENTAL SLEEP MEDICINE

REFER ONLINE

Physician Referral Form

Oral Appliance Therapy for OSA · physician-coordinated

To refer: fax this form to **(817) 719-8616**, email sleep@oldbetsydental.com, or refer online — scan the code above or visit **oldbetsydental.com/refer/sleep**. Attach the sleep study + PAP history if available. We treat on your diagnosis; we do not diagnose OSA or interpret sleep studies. Questions: **(817) 719-8611**.

REFERRING PHYSICIAN

PHYSICIAN NAME

PRACTICE / CLINIC

PHONE

FAX

NPI (OPTIONAL)

PATIENT

PATIENT NAME

DATE OF BIRTH

PHONE

ADDRESS

EMAIL

DIAGNOSIS & SLEEP STUDY

OSA SEVERITY

☐ Mild ☐ Moderate ☐ Severe ☐ Snoring/UARS

AHI (EVENTS/HR)

LOWEST SpO_2 (%)

STUDY TYPE (HSAT / PSG)

STUDY DATE

DIAGNOSING / INTERPRETING PHYSICIAN

ICD-10 (E.G., G47.33)

PAP HISTORY & REASON FOR REFERRAL

PAP STATUS

☐ PAP-intolerant ☐ Declined PAP ☐ Wants alternative ☐ Travel / backup ☐ Combination therapy

REQUESTING

☐ OAT evaluation & treatment ☐ Consult / candidacy opinion ☐ Coordinate diagnosis first (undiagnosed)

REFERRING PHYSICIAN SIGNATURE

DATE

Old Betsy Dental Sleep Medicine · 104 S Old Betsy Rd, Suite A, Keene, TX 76059 · Fax (817) 719-8616 · sleep@oldbetsydental.com

(817) 719-8611

General dentists — AADSM Qualified Dentists — offering oral appliance therapy in coordination with the patient's physician; we do not diagnose OSA or interpret sleep studies. Contains PHI — secure fax or encrypted email only.