Sleep Solutions of Nevada

GIL SUAREZ D.D.S., D-ASBA
DUFF KASTER D.D.S., D-ASBA
Diplomate American Sleep and Breathing Academy

702-877-9977 702-899-5501
info@sleepnevada.com www.sleepnevada.com
7312 W Cheyenne Ave. #4 Las Vegas, NV 89129
8965 S. Eastern Ave. Suite 110 Las Vegas, NV 89123

REFERRAL FORM

Patient Name _____ Date Of Birth _____

Email _____ Phone Number _____

Referral For

- ☐ Adult Case
- ☐ OAT (Oral Appliance therapy)
- ☐ Patient Has Been Diagnosed with OSA ☐ Mild ☐ Moderate ☐ Severe
- ☐ Patient is CPAP Intolerant / Noncompliant

Requested Information With this Form (Please fax To: 702-899-5501)

- ☐ Copy Of Medical Insurance Or Medicare Card
- ☐ Copy Of recent (Long Form) Sleep Study
- ☐ Signed Rx For Oral Appliance
- ☐ Copy of Medical Consultation Notes

Referring Physician Dated _____

Printed Name _____ Signature _____

NPI# _____