OSA
Oregon Sleep Associates

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Portland, Oregon 97210
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Fax: 503-288-0151
www.OregonSleepAssociates.com

PATIENT INFORMATION

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Alt #:** _____

Insurance Co: _____ **ID #:** _____

REQUESTED SERVICE

- ☐ Consultation
- ☐ Sleep Study Only (No Consult or Follow-up)
- ☐ Home Sleep Test
- ☐ CPAP or Mask Equipment Service

INDICATIONS FOR CONSULTATION

- ☐ Snoring
- ☐ Insomnia
- ☐ Bariatric Surgery
- ☐ Daytime Sleepiness
- ☐ Hypertension
- ☐ Obesity\Morbid Obesity
- ☐ Observed Apneas
- ☐ Headaches
- ☐ Bruxism
- ☐ Leg\Limb Movements
- ☐ Nocturnal Reflux
- ☐ Other: _____

SPECIAL INSTRUCTIONS OR INFORMATION

_____

_____

_____

_____

REFERRING PROVIDER

Name: _____

Phone: _____ **Fax #:** _____

Provider Signature: _____

Fax this form, insurance cards, and most recent chart notes to (503)288-0151

Better Sleep for Better Health