

450 Alkyre Run Dr STE 300
Westerville, OH 43082

(o) 614-396-8286
(f) 855-858-4924



Monday 8:30a - 5:30p
Tuesday 8:30a - 7:30p
Wednesday 8:30a - 4:00p
Thursday 7:30a - 5:30p
Friday 8:30a - 12:30p
Lunch from 12p-1p

Referral for evaluation for Obstructive Sleep Apnea (E0486)(G47.33)

Referring Provider: _____ Provider Phone Number: _____

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Telephone #: _____

The above referenced patient is being referred as a result of the following:

Patient reports

Wake up feeling unrested

Tired throughout the day

History of snoring, choking or gasping

Clenching, grinding at night

CPAP non-compliant, prefer alternative

Other _____

Clinical indications

Enlarged, scalloped tongue

Enamel wear

Pharyngeal crowding

Large neck

Mallampatti score of 3 or 4

Other _____

Additional notes: _____

Patient's Chief Complaint: _____

Signature of Referring Provider: _____ Date: _____
