

Patient referral

For oral sleep appliance for treatment of a sleep disorder

Contact information

Name _____ Home Phone _____

Date of Birth _____ Work/Cell Phone _____

Please attach supporting documents if available: patient insurance information, diagnostic sleep study results, and any pertinent notes to treatment.

Patient Diagnosis

G47.33 Obstructive Sleep Apnea
AHI/RDI _____

R06.83 Snoring

Other Diagnosis _____

Patient is referred for evaluation and treatment with oral sleep appliance (E0486) as indicated to manage their snoring or obstructive sleep apnea with report back. The patient will be returned to the office for consideration of objective follow up after the appliance has been clinically calibrated.

Patient is being referred for a MATRx Plus Study

Referring Provider information

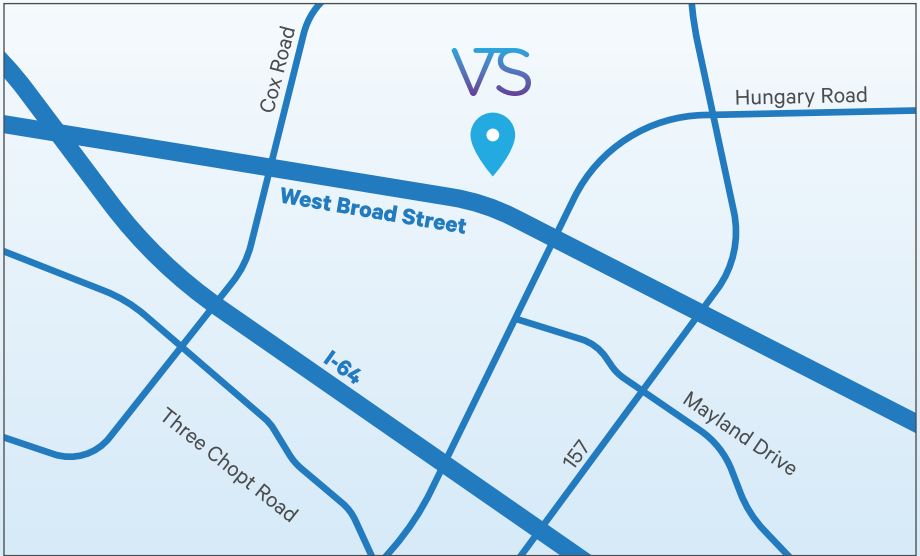
Office _____

Office Phone _____ Office Fax _____

Provider Name _____

Provider Signature _____ Date of Order _____

Directions



From I-64 East

Head east on I-64 E. Take exit 178B to merge onto US-250 E toward Richmond. Merge onto US-250 E. Turn left at Deep Rock Rd. Turn right and VTS will be on the left.

From I-64 West

Head northwest on I-64 W. Take exit 180B for Gaskins Rd N. Merge onto Gaskins Rd. Use the 2nd from the left lane to turn left onto US-250 W. Turn right at Deep Rock Rd. Turn right and VTS will be on the left.

Insurance

When scheduling an appointment, please make sure to have medical insurance information on hand to provide to the scheduler. Virginia Total Sleep goes to great effort to maximize your insurance benefits to reduce your out-of-pocket costs.



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