



an ALYESKA INTERNATIONAL, INC. company



Anchorage

3920 Lake Otis Pkwy., Ste.101
Anchorage, AK 99508
P: 907.770.9104
F: 907.770.8965

Fairbanks

1901 Airport Way, Ste. 101
Fairbanks, AK 99701
P: 907.374.3063
F: 907.374.8872

Soldotna

588 Pace Street
Soldotna, AK 99669
P: 907.420.0540
F: 907.420.0541

Wasilla

545 N. Knik Street, Ste. A
Wasilla, AK 99654
P: 907.357.6700
F: 907.357.6672

Patient Name: _____ DOB: _____ Occupation: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Reason For Referral

Obstructive sleep apnea symptoms:

- Witnessed apneas
- Excessive daytime sleepiness/Fatigue
- Snoring
- Morning Headaches

Other sleep disorder indicators:

- Poor memory/cognition
- Violent behavior in sleep
- Restless legs
- Periodic movements
- Cataplexy and narcolepsy
- Nighttime seizures
- Insomnia
- Other:

Comorbid Conditions (select all that apply)

- Leg Movements
- Central Sleep Apnea
- Congestive heart Failure
- Chronic Pain
- COPD
- Neuro Muscular Disease
- Stroke
- BMI > 45

Please Indicate consultation or the type of sleep study to be ordered (select only one)

- Medical History Review** by a board certified sleep disorders specialist to determine exact type of sleep study required to best evaluate sleep disturbance.
- Two Night Polysomnogram and follow up consultation with a board certified sleep specialist:** If positive for obstructive sleep apnea, patient will return for a second night with a titration of nasal CPAP/Bi-Level therapy.
- Split Night Polysomnogram with Titration and follow up consultation with a board certified sleep specialist:** Study is initiated as diagnostic and converted to CPAP or Bi-Level Titration the second half of the study, if sleep apnea is present and enough time remains to perform an adequate trial. If the patient does not meet criteria for a split study but is positive for OSA, the patient will return for a second night study.
- Polysomnogram with Titration and follow up consultation with a board certified sleep specialist:** A Polysomnogram with CPAP or Bi-Level applied for the entire night for patients with diagnosed sleep apnea.
- Home Sleep Test (Type III):** An unattended sleep study monitoring airflow, snoring, respiratory effort, heart rate, and oximetry performed in the patient's home.
- Other:** _____

- Follow-up with board certified sleep disorders physician, nurse practitioner, or physician assistant to discuss study results, order and manage CPAP therapy, sleep hygiene, and/or sleep related medications as indicated.**
- Follow-up with ordering physician to discuss study results, order and manage CPAP therapy, and/or sleep related medications.**

Referring Physician Signature: _____ Date: _____

Physician Name (Print) _____ NPI: _____

Address: _____ Contact: _____

Phone: _____ Fax: _____

Please send medical history, medication list, insurance information, a copy of insurance card(s)-Front & Back. Thank you for the referral.