

1032 McCallie Ave, Suite 300
Chattanooga, TN 37403
423-693-2800



Specialists in Pulmonary Care
The Chattanooga Sleep Center

Dr. Daniel R. Smith
Dr. Andrew N. Vernon
Paul Bates, PAC

DATE: _____ REF. DR.: _____
PATIENT NAME: _____
PHONE #: _____ CONTACT PERSON: _____

TRIGGER WORDS FOR SLEEP REFERRAL:

- SNORING
- GASPING/CHOKING
- WITNESSED APNEAS
- EXCESSIVE DAYTIME SOMNOLENCE
- KICKING LEGS
- MORNING HEADACHES
- FALLS ASLEEP DRIVING
- MUSCLE LOSS W/ LAUGHTER/ANGER

PT. HISTORY OF: PLEASE CIRCLE:

- CARDIAC DX
- COPD
- HTN
- DIABETES
- BARIATRIC SURGERY

PHYSICIAN ORDERS FOR SLEEP TESTING:

- CONSULTATION W/ SLEEP SPECIALIST
- OVERNIGHT 8 HR. PULSE OXIMETRY
- NOCTURNAL POLYSOMNOGRAM W/ FLOW VOL. LOOP
- PAP TITRATION
- SPLIT NIGHT STUDY
- SEIZURE/EXPANDED EEG DIAGNOSTIC NPSG
- MAINTENANCE OF WAKEFULNESS
- MULTIPLE SLEEP LATENCY STUDY

(PLEASE CHECK)

- DR. VERNON DR. SMITH PAUL BATES PA-C
- (SCREENING FOR OSA)
- (DIAGNOSTIC STUDY)
- (2ND NIGHT AS TREATMENT PLAN FOR OSA, IF INDICATED)
- (SPECIFIC CRITERIA REQUIRED TO QUALIFY FOR THIS)
- (FOR PT. W/ HX OF SZ)
- (DOT/FAA/EFFICACY OF MEDICATIONS, I.E., PROVIGIL)
- (MSLT FOR DOT/FAA NARCOLEPSY OR IDIOPATHIC HYPERSOMNOLENCE)

**PLEASE FAX: ORDER, INSURANCE INFO, REFERRAL, PT. CONTACT & OFFICE NOTE/ OR H & P
423-693-2838 ATTN.: CASSIE**

*PLEASE STRESS TO YOUR PATIENT THE IMPORTANCE OF THIS PROCEDURE. THERE WILL BE A \$100.00 FEE FOR NO SHOW/NO CALL FOR THE SCHEDULED SLEEP STUDY. THEY MUST SPEAK TO A REPRESENTATIVE. WE WILL RESCHEDULE AS NECESSARY.

INSTRUCTIONS FOR PATIENT FOLLOW-UP: TREATMENT FOR NASAL CPAP WILL BE MANAGED BY: (PLEASE CIRCLE)

DR. ANDREW N. VERNON

DR. DANIEL R. SMITH

REFERRING PHYSICIAN SIGNATURE: _____