Snoring and Sleep Solutions of Nevada

GIL SUAREZ, DDS

☎ 702-877-9977 📠 702-899-5501

✉ info@stopsnoringnv.com 🌐 www.stopsnoringnv.com

🏠 4280 S Hualapai Way #104, Las Vegas, NV 89147

(Inside Xuberance)

REFERRAL FORM

Patient Name_____ Date Of Birth_____

Referral For:

☐ Sleep Consult/Airway Evaluation

☐ OAT (Oral Appliance Therapy

☐ Patient Has Been Diangosed with OSA ☐ Mild ☐ Moderate ☐ Severe

☐ Patient is CPAP Intolerant/Noncompliant

Requested Infromation With This Form (Please Fax To: 702-899-5501)

☐ Copy Of Medical Insurance Or Medicare Card

☐ Copy Of Recent (Long Form) Sleep Study

☐ Signed Rx For Oral Appliance

Referring Physician

Dated_____

Printed Name_____ Signature_____

NPI#_____