

2983 Long Beach Road, Oceanside, NY 11572  
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Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

I saw this patient in the office and he/she complains of symptoms suggestive of obstructive sleep apnea (G47.33). Patient's symptoms include (checked off):

- Snoring
- Witnessed pauses in breathing during sleep
- Sudden awakenings with a sensation of gasping or choking
- Dry mouth or sore throat upon awakening
- Headaches in the morning
- Frequent urination during sleep hours
- Difficulty getting up in the mornings
- Daytime sleepiness or fatigue
- Trouble concentrating, forgetfulness, depression, or irritability
- Sexual dysfunction
- Other: \_\_\_\_\_

Based on the above symptoms and my discussion with the patient, the patient is an appropriate candidate for a diagnostic sleep test. A sleep test should be ordered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

NPI: \_\_\_\_\_