



- Ashwin Gowda, MD (Adult)
- David DuBose, MD (Pediatric)

## REFERRAL FORM

### Patient Information (Please Print)

PATIENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT OR GUARDIAN if patient is a minor \_\_\_\_\_

DOB \_\_\_\_\_ INSURANCE \_\_\_\_\_

### Services Requested

**This patient is being referred for:**

**Consultation and Management** (required for pediatrics) Consult with physician for assessment and management

**Sleep Study & Treatment**  
receive post sleep

Patient will come in for sleep study first, and then will study consult & ongoing management

10mg (please

To aid with sleep, please administer Zolpidem 5mg or circle one) Provider Initials \_\_\_\_\_

**Sleep Study only**  
will provide  
history/physical.)

Our lab will perform the study and the referring physician all follow-up care. (Please forward most recent

**Diagnostic Sleep Study**

Full night polysomnogram (PSG)

**Split Night Sleep Study**

Indicated

First part diagnostic, second part pressure titration if

**Positive Airway Pressure Titration Study**

Full night titration for patients with documented sleep apnea (diagnostic PSG needs to be on file with our facility)

To aid with sleep, please administer Zolpidem 5mg or 10mg (please circle one) Provider Initials \_\_\_\_\_

Suspected Sleep Disorder(s)

### Referring Physician or Medical Provider

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Please complete and fax to us at (512) 440-5858.

Please call us at (512) 440-5757 if you have questions.

South Location - 1221 W. Ben White Blvd., Suite A-100 · Austin, TX 78704  
North Location - 11675 Jollyville Road, Suite 101, Austin, TX 78759  
[WWW.TXSLEEPMEDICINE.COM](http://WWW.TXSLEEPMEDICINE.COM)