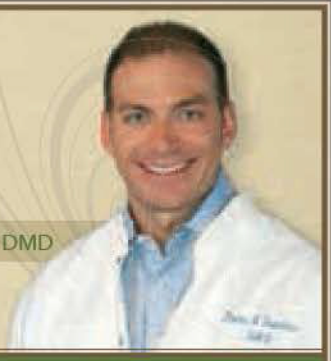
Caffaratti Dental

SLEEP CENTER



Dr. Jason R. Doucette, DMD

Referral Form

Patient Name: _____ Date of Birth: _____

Referral for:

- ☐ Sleep Consult/ Airway Evaluation
- ☐ OAT (Oral Appliance Therapy)
- ☐ Patient has been diagnosed with OSA ☐ Mild ☐ Moderate ☐ Severe
- ☐ Patient is CPAP intolerant/noncompliant

Requested information with this form *(Please fax to: 775-358-3817)*

- ☐ Copy of Medical Insurance or Medicare Card (Enlarged 150%)
- ☐ Copy of recent (long form) Sleep Study
- ☐ Signed RX for Oral Appliance

Referring Physician Date: _____

_____ _____

Printed Name Signature

_____

NPI#

Caffaratti Dental Group
Creating Beautiful Smiles!

775-358-1555 | 775-358-3817 | sleep@mysmileguys.com

mysmileguys.com

730 Baring Boulevard | Sparks, Nevada 89434

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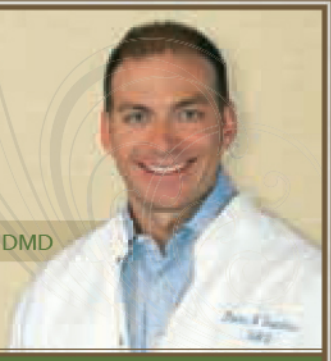
SLEEP CENTER



Dr. Jason R. Doucette, DMD

Office Location **Map**

730 BARING BLVD. | SPARKS, NV 89434

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