Mildura HEALTH Private Hospital

220-228 Thirteenth Street, Mildura Vic 3500
p (03) 5022 2611 **f** (03) 5022 1286

Sleep & Respiratory Group
Dr Peter Solin & Associates

Suite 2, 243 New Street, Brighton Vic 3186
p (03) 9591 0066 **f** (03) 9592 3652
e info@sleepgroup.com.au **w** SleepGroup.com.au

Sleep Study Referral Form

☐ **In-laboratory sleep study** ☐ **Home sleep study** ☐ **Telehealth Consultation**

Indications

- ☐ Snoring
- ☐ Witnessed apnoeas
- ☐ Insomnia
- ☐ Excessive sleepiness
- ☐ Unrefreshing sleep
- ☐ Restless legs

Study Type

- ☐ Diagnostic
- ☐ CPAP implementation
- ☐ CPAP review
- ☐ MAS review
- ☐ Other

Details _____

Patient

Name _____ DOB _____ Gender _____

Telephone **h)** _____ **w)** _____ **m)** _____

Address _____

Medicare No _____ DVA No _____

Health Fund _____ Fund Member No _____

Referrer

Name _____ Provider No _____

Address _____

Telephone _____ Fax _____

Email _____

Signature _____ Date _____

Please fax to: (03) 9592 3652. Your patient will be contacted within 24 hours.