

Dental Sleep Apnea Clinic

Dr. Keith Valachi
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Patient Demographics

Patient

Name: _____

DOB: _____

Gender: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: _____

Phone: (____) _____ Email: _____

Medical Insurance Co.:

ID#: _____ Group#: _____

Contact#: _____

Indications for Consultation and Evaluation

- The above-named patient was diagnosed with Obstructive Sleep Apnea (G47.33).
- The patient has refused to wear the CPAP machine.
- The patient is unable to tolerate the CPAP machine.
- The patient requires the oral appliance and CPAP combination treatment.
- TMJ Symptoms / Headaches

Symptoms

- Snoring
- Headaches/Migraine
- Observed Apneas
- Daytime Sleepiness

Requested Services

As a result of the diagnosis of his/her Obstructive Sleep Apnea, it is medically necessary for him/her to be fitted for an Oral Sleep Appliance by Dr. Keith Valachi DDS.

Patient does not have a diagnosis of obstructive sleep apnea and needs further testing.

Evaluation of TMJ symptoms/
Headaches.

Referring Physician's Information

Name: _____

Contact: _____

Address: _____

City: _____ State: _____

Office Phone: _____

Fax: _____

Physicians Signature: _____

Date: _____

Please forward a copy of referral to fax: (503) 296-2967

Please include any sleep studies, chart notes, demographics and any other pertinent information to assist in getting patient scheduled.

Thank you.