



## Referral Instruction Form

365 Warner Milne Rd. Suite 209 | Oregon City, OR 97045

Phone: (503) 495-6200 | Fax: (503) 495-6208

### Sleep Study

1. Complete the Sleep Study Order form and sign/date where indicated.
2. Provide Clinical Documentation. Include the clinical note from the patient encounter in which the sleep test was ordered, documenting signs and symptoms suggestive of Obstructive Sleep Apnea.
3. Include patient demographics, including insurance information as well as a copy of the front and back of the insurance card if possible. Prior authorization will be obtained by NW Rest.

### PAP Therapy

1. Complete the PAP Therapy Order form and sign/date where indicated.
2. Include the following clinical documentation:
  - a. Office visit note documenting signs and symptoms suggestive of Obstructive Sleep Apnea prior to the sleep study, and
  - b. Copy of the diagnostic sleep study
3. Include patient demographics, including insurance information as well as a copy of the front and back of the insurance card if possible. Prior authorization will be obtained by NW Rest.

### Transfer of Care

1. Complete the Transfer of Care form and sign/date where indicated.
2. Include the following clinical documentation:
  - a. Office visit note within the last 12 months documenting continued use and benefit of PAP therapy, and
  - b. Recent Compliance Download, if available, and
  - c. Copy of the diagnostic sleep study
3. Include patient demographics, including insurance information as well as a copy of the front and back of the insurance card if possible.

**Fax complete referral to (503) 495-6208 or email to [referrals@nwrest.com](mailto:referrals@nwrest.com)**