



(425) 552-3999 SeattleSleep.com

**Patient Information**

Patient Name:	Date of Birth:
Phone:	Email:

**Referring Provider**

Referring Doctor Name:	
Phone Number:	Fax:
Email:	

**Reason for Referral**

Dental Device for Sleep Related Breathing Disorders
Other

**Prior Therapy**

Prior CPAP use	Prior Dental Device use
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Fax referrals to: (425) 552-3999

**Seattle: 622 S Washington St Seattle, 98104**  
**Issaquah: 22619 SE 64th Pl #120 Issaquah, 98027**