

Patient Sleep Study Referral

Date: [Insert Date]

To: [Sleep Study Center Name]

Address: [Sleep Study Center Address]

Phone: [Sleep Study Center Phone]

Email: [Sleep Study Center Email]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for a sleep study evaluation. [Patient's Name] is [age] years old and has been experiencing symptoms suggestive of a sleep disorder, including:

- [Symptom 1]
- [Symptom 2]
- [Symptom 3]

Based on my examination and assessment, I believe that a sleep study is necessary to further evaluate [his/her/their] condition. Please find attached the relevant medical history and details that may assist in the evaluation.

Thank you for your attention to this matter. Please do not hesitate to contact me should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[Your Phone]

[Your Email]