

Referral for Sleep Study

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Doctor's Title]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request a referral for a sleep study. I have been experiencing ongoing issues with my sleep patterns, including difficulties falling asleep, waking frequently during the night, and excessive daytime fatigue.

These sleep disturbances have significantly affected my daily life, and I believe a comprehensive sleep study may help diagnose any underlying conditions, such as sleep apnea or insomnia.

I would greatly appreciate your assistance in facilitating this referral and any recommendations you may have regarding specialists or clinics offering sleep studies.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]