

Polysomnography Referral Letter

Date: [Insert Date]

To: [Insert Sleep Specialist's Name]

Practice Name: [Insert Practice Name]

Address: [Insert Practice Address]

Dear [Sleep Specialist's Name],

I am writing to refer my patient, [Patient's Name], for a polysomnography evaluation due to [brief reason for referral, e.g., suspected sleep apnea, excessive daytime sleepiness, etc.].

Patient Information:

- **Name:** [Patient's Name]
- **Date of Birth:** [Patient's Date of Birth]
- **Contact Number:** [Patient's Contact Number]
- **Insurance Information:** [Insurance Provider and Policy Number]

Clinical History:

- [Brief description of relevant medical history]
- [Current medications]
- [Previous sleep studies, if any]

Please feel free to contact me if you require any further information.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]