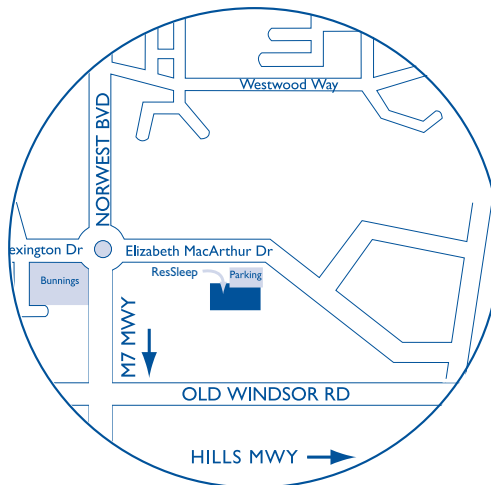


YOUR TOTAL SLEEP APNOEA SERVICES AT THE SAME ADDRESS IN THE HILLS DISTRICT



- Specialists Australia-wide in delivering high level treatment services for Sleep Apnoea, Complex sleep Apnoea and COPD
- Implementation of CPAP/APAP treatment trials for patients with suspected sleep apnoea
- Implementation of pressure/treatment reviews for patients currently using an APAP/CPAP device
- Complex Sleep Apnoea assessment/ treatment trials for patients with suspected Complex Sleep Apnoea
- Educationals on snoring, sleep apnoea and sleep hygiene (for any patient requiring further information)
- Overnight ambulatory investigation for Sleep Apnoea
- Medicare approved
- Supervised by local sleep physicians
- Access to local sleep physicians for patients requiring post study follow up



RESS 1001B

YOUR TOTAL SLEEP APNOEA SERVICES AT THE SAME ADDRESS IN THE HILLS DISTRICT

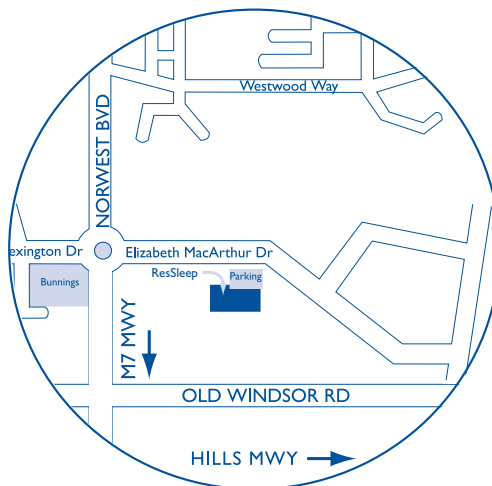


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- Supervised by local sleep physicians
- Access to local sleep physicians for patients requiring post study follow up

Appointment

Date _____

Time _____



RESS 1001B

Referral Form

Please contact ResSleep to make an appointment.

Please ensure that this referral is presented to ResSleep at time of consultation.

CLINICAL NOTES

Patient name _____ Tel _____

Patient symptoms (Please tick the appropriate box)

- Snoring
- Witnessed Apnoeas / Nocturnal gasping / choking
- Daytime Lethargy/Sleepiness

Relevant Medical Conditions (tick appropriately)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Stroke /TIA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cardiac Failure | <input type="checkbox"/> Obesity | _____ |

Clinical history (optional) _____

REQUEST FOR (Please tick the appropriate box)

- Home diagnostic sleep study (conducted by Sydney Respiratory & Sleep Specialists)
- CPAP/AutoSet[®] treatment trial – for suspected Obstructive Sleep Apnoea (conducted by ResSleep)
- VPAP[®] Adapt treatment trial – for suspected Complex Sleep Apnoea (conducted by ResSleep)
- VPAP[®] S/ST/ST-A treatment trial – for suspected COPD or patients requiring pressure-assisted breathing (conducted by ResSleep)
- Pressure/treatment review with oximetry (conducted by ResSleep)

Commercial Licence Yes No

REQUESTING DOCTOR

Name _____ Signature _____

Date _____ Provider No. _____

Copies to _____

Upon receipt of this referral:

1. ResSleep will contact your patient and arrange for an overnight sleep study or treatment trial.
2. Your patient's diagnostic sleep report will be forwarded to you.