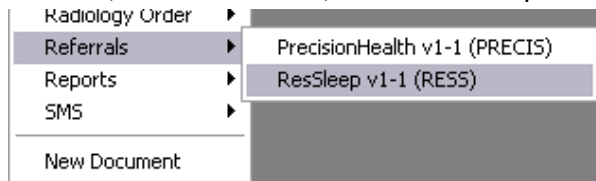
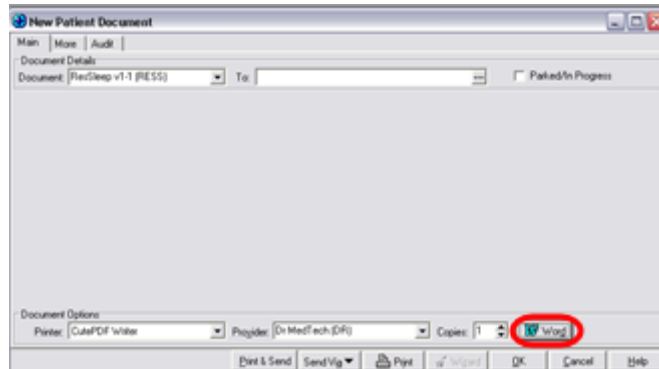


MEDTECH 32

1. With the correct **Patient** open, open the *Consultation Screen* using *F12*
2. Select *Other Documents*; Select *Referrals*; Select *ResSleep v1-1* (shown below)



3. The following window appears



4. Select the *Word* button in the bottom right hand corner (circled in red above). This will open the template in **Word**.
5. Select the *Symptoms*, *Medical conditions* and *tests required* using the tick boxes, (shown below)

Symptoms (please tick appropriate box/es)

Snoring Witnessed apneas/nocturnal gasping/choking Daytime lethargy/sleepiness

Relevant Medical Conditions (please tick appropriate box/es)

Hypertension Cardiac Failure Stroke/TIS COPD

Type II Diabetes Atrial Fibrillation Obesity

Other

Clinical History (optional, attach notes to this referral)

Request for (please tick appropriate box/es)

Home Sleep test for suspected Sleep Apnea
(Home Sleep Test (In accordance with Medicare item 12250, all sleep assessments are appropriateness of home tests are overseen by the supervising Sleep Physician. Based on these assessments and the study findings, certain complex patients may require a Sleep Physician consultation).

CPAP/APAP Treatment Trial – for the treatment of Sleep Apnea

Mandibular Advancement Oral Device (fitted by a Dentist) – for the treatment of Snoring only

Mandibular Advancement Oral Device (fitted by a Dentist) – for the treatment of Snoring and mild to moderate Sleep Apnea

VPAP Adapt Treatment trial – for the treatment of suspected Complex Sleep Apnea and/or Central Sleep Apnea

VPAP S/ST/ST-A Treatment Trial – for the treatment of suspected COPD or for pressure assisted therapy

Pressure/treatment review with oximetry

6. Select your preferred method to receive results.

Please indicate how you would like to receive results and other correspondence for ResSleep:

Electronic transfer of reports via secure messaging Email Fax Post

7. *Save and close Word*
8. Select *Print*.