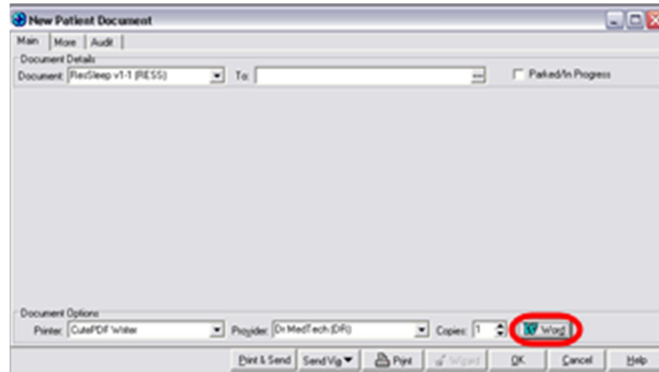


**MEDTECH 32**

1. With the correct **Patient** open, open the *Consultation Screen* using *F12*
2. Select *Other Documents*; Select *Referrals*; Select *ResSleep SA v1-2* (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/TIA     COPD

Type II Diabetes     Atrial Fibrillation     Obesity

Other:

**Clinical History** (optional, attach notes to this referral)

**Request for** (please tick appropriate box/es)

Home diagnostic sleep test for suspected Sleep Apnea \* Technician consultation and assessment fee applies.

Sleep Physician Consultation \* Medicare Rebated

CPAP/APAP Treatment Trial – for the treatment of 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*.