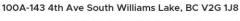


Tranq Sleep Care Williams Lake Sleep Center

Dr. Wayne W. Lai Inc. MSP #64654



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Patient Referral Requisition Part A: Referral Request □ Consultation/Tele-Consultation AND □ Apnea Fast track with Home Level III Study Overnight In-Lab Level I Sleep Study Part B: Patient Information Name: ____ _____ DOB: _____ Gender: ☐ Male ☐ Female Address: _____ Phone: _____ Height: PHN: _____ Weight: _____ Email: Part C: Referral Information Referral Reason: ☐ Insomnia ☐ Excessive Daytime Sleepiness ☐ Restlessness at night ☐ Abnormal Prior Sleep Study □ Witnessed Apnea ☐ Others: _____ □ Narcolepsy ☐ Frequent Nocturnal Awakenings Relevant History: ☐ Hypertension ☐ MI (Myocardial Infarction) ☐ Cardiac Arrhythmia □ Depression \square DM ☐ CAD (Coronary Artery Disease) ☐ Fibromyalqia ☐ Thyroid Dysfunction ☐ Hyperlipidemia ☐ CHF (Congestive Heart Failure) ☐ Atrial Fibrillation ☐ Anxiety Disorder ☐ Stroke ☐ COPD ☐ GERD ☐ Smoking ☐ Chronic Pain ☐ TIA (Transient Ischemic Attack) Others: Current Medications: Allergies/Sensitivities: _____ Part D: Referring Physician Information Physician Name: Phone: Billing No.: Address: _____ Signature: Part E: Urgency Level O Level 1 – patient seen within 4 weeks (Criteria is ESS>10 and co-morbid disease and high-risk occupation, or AHI > 10) O Level 2 – patient seen within 8 weeks (Criteria is ESS>10 or AHI > 10) O Level 3 – patient seen within 6 months

Fax completed requisition to Williams Lake Office at 1-778-412-9323 and attach copy of Ferritin level, TSH, B12, Oximetry or Sleep Reports if available.