



Provider Order Sheet – Referral for Sleep Testing

REFERRAL SOURCE

Referring Provider: _____

Phone: _____ Fax: _____

**As of December 17, 2019— we are no longer contracted with Kaiser. Tri-Care for Life is accepted as secondary insurance ONLY.
If the patient has United Healthcare Choice Plus— please fill out and attach an express referral form (link on our website) with 12 visits.**

The PacifiCare Express Referral form is *only* allowed for **UHC Medicare Advantage members.**

Please note: UHC will *not* accept this referral form for Commercial plan members— includes Charter and Navigate patients.

To ensure our mutual patients are provided with the best quality of care in a timely manner, ALL referrals must include the following documents:

- Demographics
- Insurance card(s)
- Most recent office notes with patient’s medical diagnoses
- Current medications list

Services Provided

- Home Sleep Testing
- In-lab Sleep Testing
- DME Services

... all under one roof!

Our process for evaluation & treatment includes the following:

- Sleep Consultation; to determine appropriate testing
- Sleep Testing
- Sleep Study Results
- Initial/90 Day Compliance; from recommended therapy



We appreciate your trust in Dr. Bradley Smith & The Dream Sleep Center and look forward to a partnership for many years to come!

Referring Physician’s Signature: _____ Date: _____

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