



**Patient Information:**

Introducing: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Patient Phone: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Medicare: Y or N  
Referring Doctor (must be PCP if Group Health): \_\_\_\_\_  
Primary Dentist: \_\_\_\_\_

**Diagnosis:**

- Obstructive Sleep Apnea (ICD 327.23)
- Insomnia due to Sleep Apnea (ICD 780.51)
- Sleep Apnea/Sleep Related Breathing Disorder, Unspecified (ICD 327.20)
- Hypersomnia due to Sleep Apnea (ICD 780.53)
- Upper Airway Resistance Syndrome (ICD 780.57)
- Other (including comorbidity codes): \_\_\_\_\_

**Type of Examination or Services Requested:**

- Oral Health Assessment** \_\_\_\_\_
  - Dental Restorative Evaluation** \_\_\_\_\_
  - Occlusion / TMD Evaluation** \_\_\_\_\_
  - Snoring / Sleep Apnea:** Evaluate and consult for Oral Appliance Therapy
    - E0486 Mandibular Advancement Device
    - 70355 Panoramic Radiograph
    - 99204 New Patient Examination
- CPAP Attempted:**     **Yes: Intolerant**             **No: Not a good candidate for CPAP**
- Surgery Completed:**     **Yes: When?** \_\_\_\_\_     **No**

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please send PSG or HST with interpretation letter\*\***

**Physician Signature:** \_\_\_\_\_ **UPIN#:** \_\_\_\_\_  
**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_



## BELLINGHAM BAY DENTAL

### Patient Instructions:

Please have your doctor complete the other side of this form. If you have **Group Health** insurance, this **MUST** be completed by your Primary Care Physician, and your PCP must also initiate the referral through Group Health on your behalf.

Once you receive this completed referral, please go online to **www.bellinghambaydental.com** and click on the "Snoring and Sleep Apnea" tab. From there, scroll down to the bottom of the page and click on the "Sleep Patient Registration" button. Please complete the online forms prior to your first appointment at our office. Keep in mind that this form must be completed within 45 minutes, or the session will expire and you will need to start over.

If you have any questions, please feel free to contact our office and we will be happy to help you. We look forward to meeting you and helping to provide you with the care that you deserve.

### Driving Directions:

From I-5, take Exit 250.

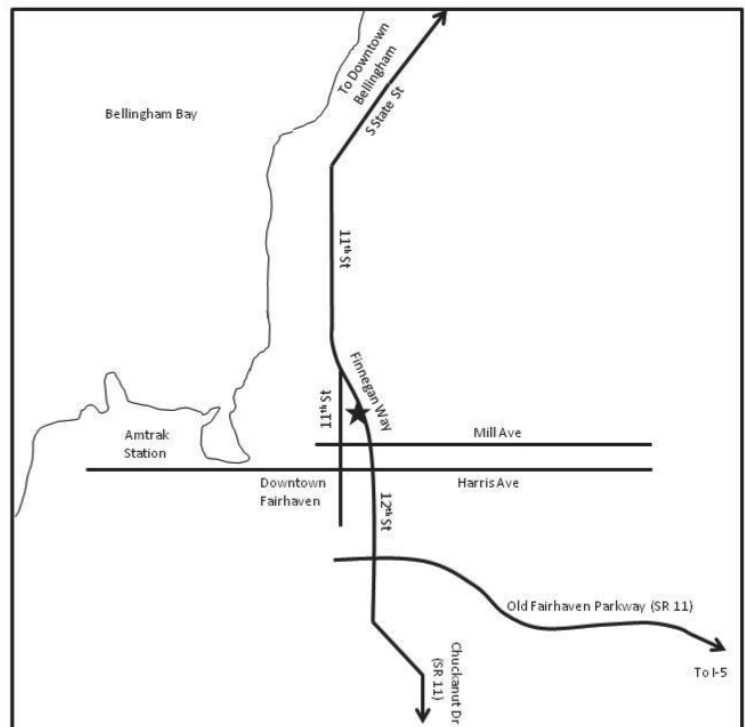
Go west on Old Fairhaven Parkway to the second traffic light.

Turn right onto 12<sup>th</sup> Street.

Go straight through one traffic light.

You will see Key Bank on your left.

We are located ½ block farther, on your left, in the "Fairhaven Professional Building" Suite 101.



Catherine A. Smith, DDS

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