



NC DENTAL SLEEP MEDICINE

ncdentalsleep.com

Phone: 919-556-3780 Fax: 919-556-1708

Send to info@ncdentalsleep.com

OSA Screening New Patient Referral

Referring Dentist: _____

Referring Dentist Phone #: _____

Patient Name: _____

Patient Phone #: _____

Patient Email: _____

Please include a copy of:

DRIVER'S LICENSE

MEDICAL INSURANCE CARD

EPWORTH SLEEPINESS SCALE

NC DENTAL SLEEP OSA SCREENER