

Sleep Medicine Network – Affiliate Dentist

Dr. Hewitt

Dr. Feltzer

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(574) 255-5630

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Oral Appliance/Sleep Medicine Dentist Referral Form

Patient Name: _____
DOB: _____
Home/Work #: _____
Ordering Provider: _____ Office Contact:

Date: _____
Provider Address:

Provider Business #: _____ Fax:

*** Please include with this form a copy of patient's medical insurance card both front and back**

- Consultation**
- Home testing for Obstructive Sleep Apnea**

Other Request or service: _____