WEST MICHIGAN
CPAP Alternatives
Customized Sleep Apnea Solutions
Dr. Vandervelden

Phone: 616-741-9035
Fax: 616-772-9380
300 S. State St STE 2
Zeeland, MI, 49464

Email: westmichigCPAPalternatives@gmail.com
www.westmichiganCPAPalternatives.com

WEST MICHIGAN CPAP ALTERNATIVES SLEEP REFERRAL

Patient Name:_____ D.O.B: ____/____/_____

Patient's Phone Number:_____ Diagnosis of OSA? (G47.33):

HICN/MBI:_____ YES ☐ NO ☐

Please send Baseline Sleep Study, Demographics, Insurance Card and Office Visit Note.

PRIMARY CARE PROVIDER PLEASE COMPLETE BELOW INFORMATION

Reason for Referral (please check all that apply):

- ☐ Suspected sleep apnea
- ☐ CPAP non-compliant or non-tolerant
- ☐ Desires combination of CPAP and Oral Appliance Therapy
- ☐ Snoring
- ☐ Prefers CPAP alternative
- ☐ Other:_____

Referring Doctor Signature: _____ **Date:** _____

Referring Doctor Name: _____

NPI:_____

FAX TO: (616) 772-9380