

INSPIRE® THERAPY REFERRAL FAX FORM

Date: _____

FROM: _____

TO: North Alabama ENT Associates, P.C.

FAX: _____

FAX: Huntsville (256) 535-9032
 Madison (256) 772-1886

PHONE: _____

PHONE: Huntsville (256) 536-9300
 Madison (256) 772-1884

EMAIL: _____

DOCTOR: Dr. John Kostrzewa
 Dr. Samih Nassif Abudinen

Circle one or leave blank for first available.

PATIENT INFORMATION

Name: _____

DOB: _____

Daytime Phone: _____

Insurance: _____

BMI: _____

Date of Last Diagnostic/Split Sleep Study: _____

AHI: _____

% Central S: _____

CPAP History: Current User Past User

PLEASE INCLUDE

- **MOST RECENT DIAGNOSTIC (NPSG) OR SPLIT SLEEP STUDY**

**Must be scored at 4% Rule for Medicare Patients. Do not send CPAP Titration or OA Studies.*

- Medical history; including documented CPAP use/ failure/ intolerance.

- Demographic and Insurance information.

NOTES:

Inspire therapy was FDA-approved in 2014 and is specifically for patients who are:

- Diagnosed with moderate to severe Obstructive Sleep Apnea 15-100
- Unable to use or get benefit from CPAP
- Less than 25% Central/Mixed Apnea
- Age 18 or older

HUNTSVILLE

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Phone: (256) 536-9300

MADISON

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