

[Physician Name/Clinic Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Referring Physician Name]  
[Referring Clinic Name]  
[Address]  
[City, State, Zip Code]

RE: [Patient Full Name]  
DOB: [Patient Date of Birth]

Dear Dr. [Referring Physician Last Name],

I had the pleasure of evaluating [Patient Name] today regarding concerns for sleep-disordered breathing. Based on our clinical consultation, an attended in-lab polysomnography (sleep study) has been scheduled.

**Clinical Indications:**

The patient presents with symptoms including [list symptoms, e.g., excessive daytime sleepiness, witnessed apneas, loud snoring]. Due to [list comorbidities, e.g., underlying COPD, congestive heart failure, or high suspicion of complex sleep apnea], an in-lab study is medically necessary rather than a home sleep test.

**Planned Evaluation:**

The patient will undergo a baseline Polysomnography (95810) or a Split-Night Study (95811) if significant obstructive events are noted during the first half of the night. We will monitor EEG, EOG, EMG, EKG, airflow, respiratory effort, and oxygen saturation.

**Follow-Up:**

Following the completion of the study and the final interpretation by our board-certified sleep specialist, the patient will return to our clinic to discuss the results and initiate appropriate therapy, such as CPAP/BiPAP titration or alternative treatments.

A full report of the sleep study findings will be forwarded to your office once available. Thank you for the opportunity to participate in the care of your patient.

Sincerely,

[Signature]  
[Physician Name, MD/DO]  
Pulmonology & Sleep Medicine