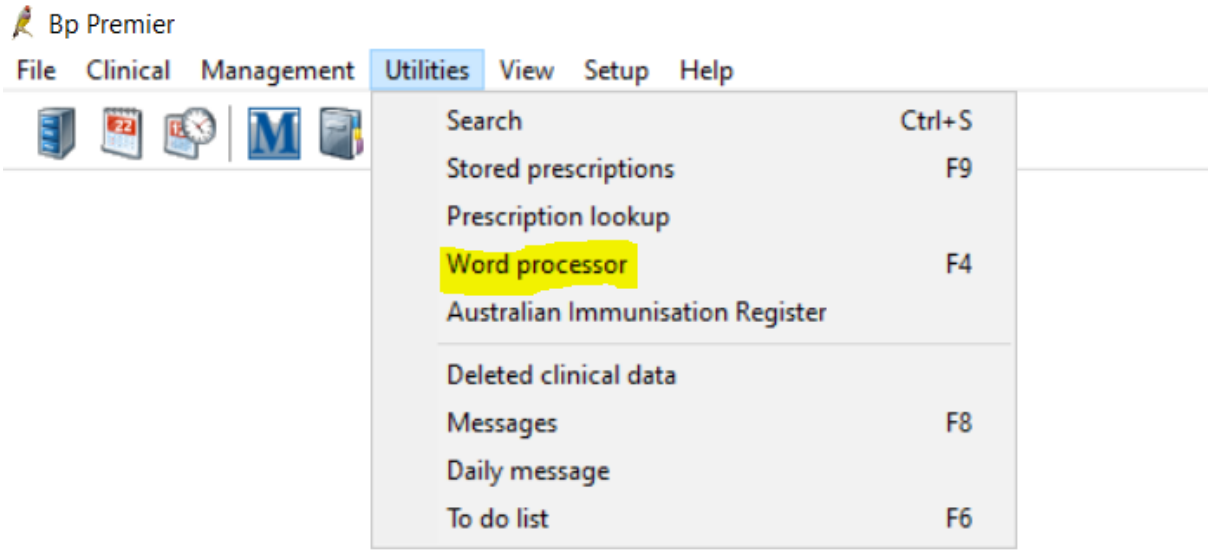
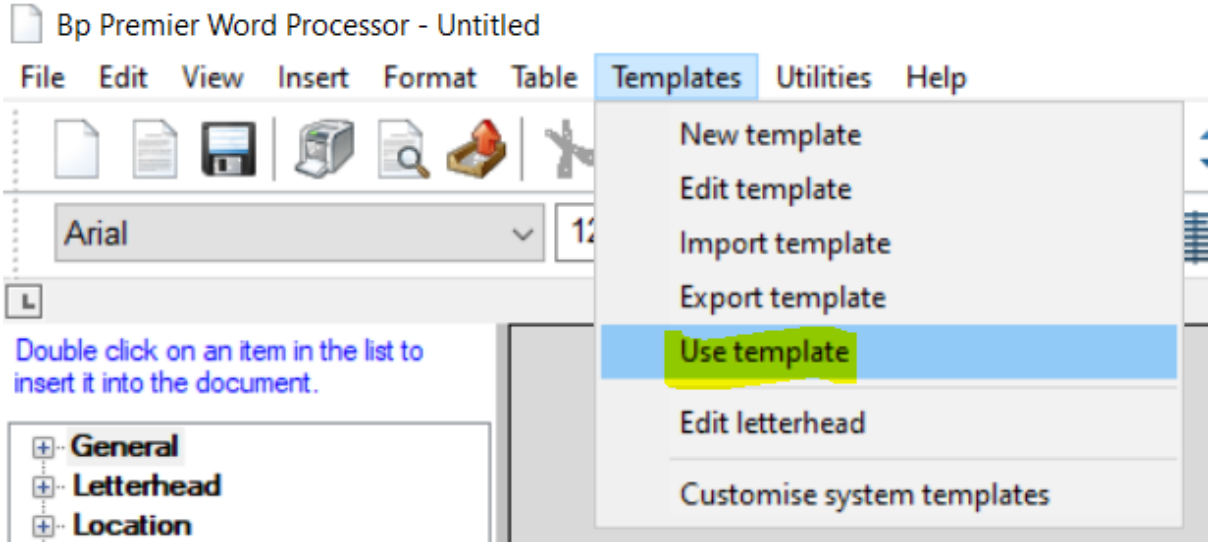
How to open and run your template in Best Practice.

Step 1. Open Best Practice

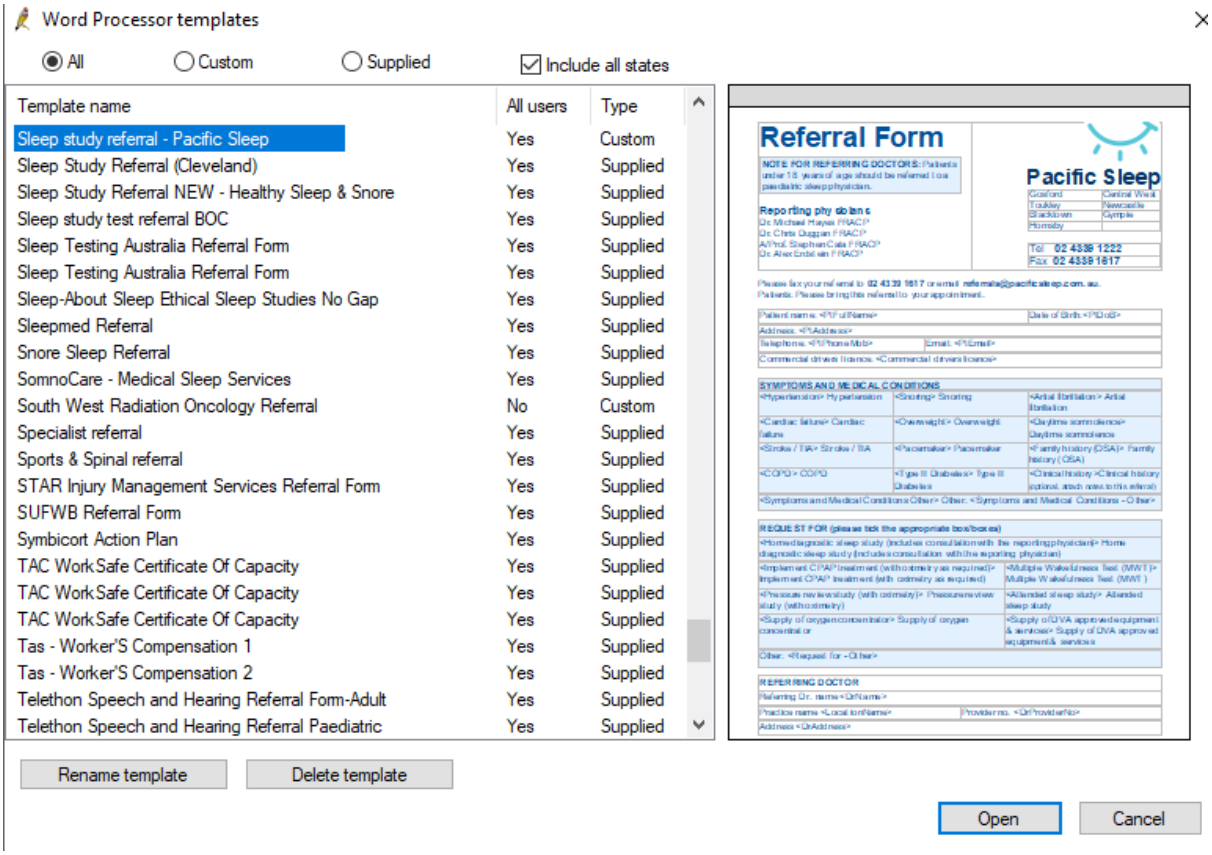
Step 2. Click Utilities > Word Processor



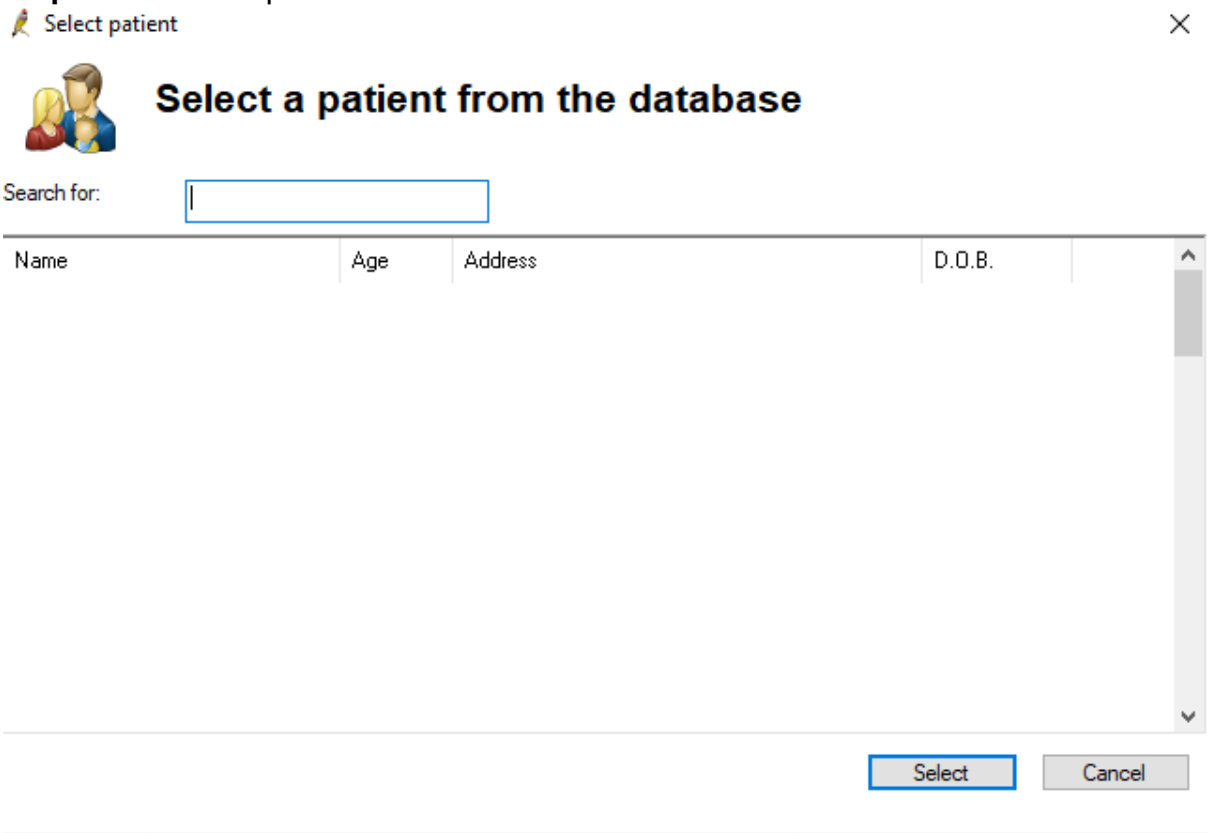
Step 3. Templates > Use Template



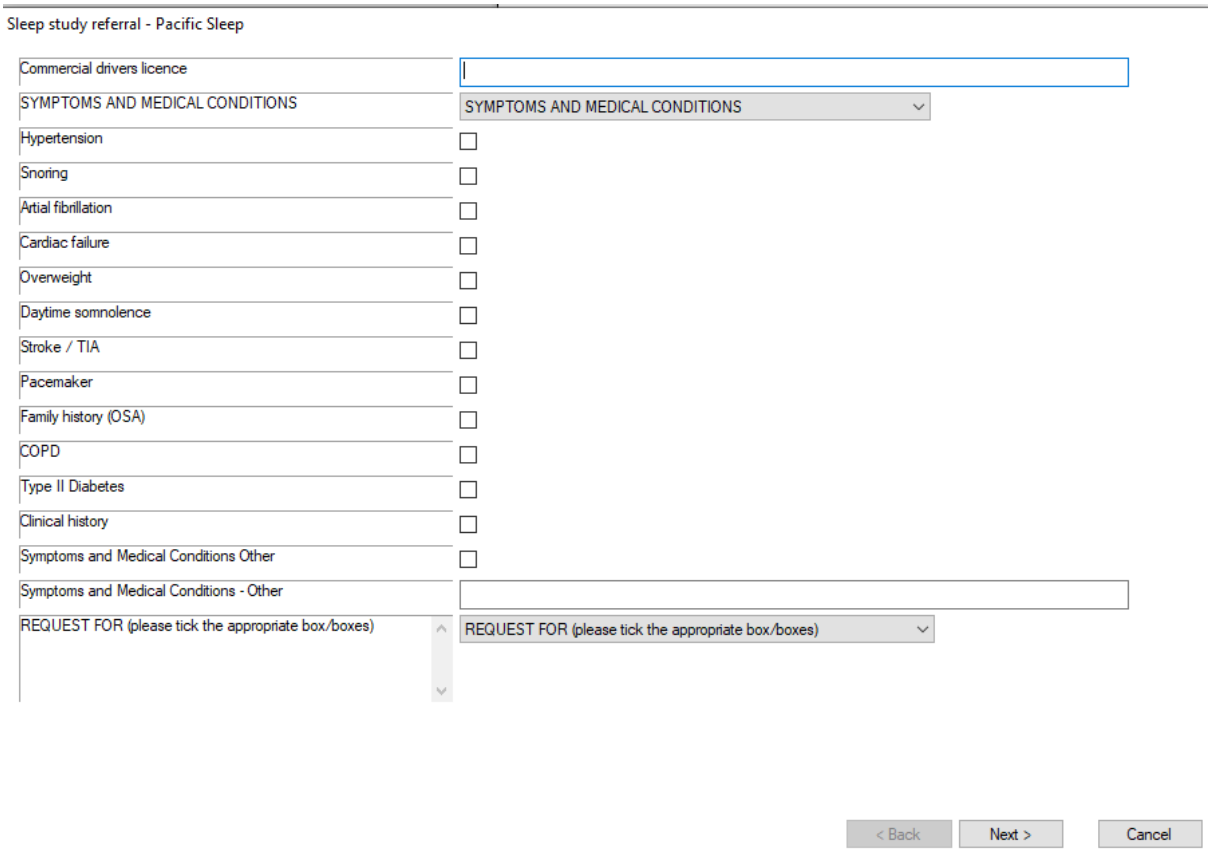
Step 4. Select the Template and click Open



Step 5. Select the patient



Step 6. Fill out the form



Step 7. Template has been Generated

Referral Form

NOTE FOR REFERRING DOCTORS: Patients under 18 years of age should be referred to a paediatric sleep physician.

Reporting physicians
Dr. Michael Hayes FRACP
Dr. Chris Duggan FRACP
A/Prof. Stephen Cala FRACP
Dr. Alex Erdstein FRACP

Pacific Sleep

Gosford	Central West
Toukley	Newcastle
Blacktown	Gympie
Hornsby	

Tel 02 4339 1222
Fax 02 4339 1617

Please fax your referral to **02 4339 1617** or email **referrals@pacificsleep.com.au**.
Patients: Please bring this referral to your appointment.

Patient name: Mrs. Madeline Jane Abbott	Date of Birth:14/02/1978
Address: 12 John St Albany Creek 4035	
Telephone: 09789751131	Email: madi.abbott@bpsoftware.com.au
Commercial drivers licence:	

SYMPTOMS AND MEDICAL CONDITIONS		
☐ Hypertension	☐ Snoring	☐ Artial fibrillation
☐ Cardiac failure	☐ Overweight	☐ Daytime somnolence
☐ Stroke / TIA	☐ Pacemaker	☐ Family history (OSA)
☐ COPD	☐ Type II Diabetes	☐Clinical history (optional, attach notes to this referral)
☐ Other:		

REQUEST FOR (please tick the appropriate box/boxes)	
☐ Home diagnostic sleep study (includes consultation with the reporting physician)	
☐ Implement CPAP treatment (with oximetry as required)	☐ Multiple Wakefulness Test (MWT)
☐ Pressure review study (with oximetry)	☐ Attended sleep study
☐ Supply of oxygen concentrator	☐ Supply of DVA approved equipment & services