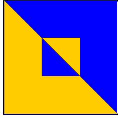

Sleep Medicine Consultants

4200 Marathon, Suite 310, Austin, Texas 78756
512-420-9900 - Fax 512-420-9944

J. Douglas Hudson, MD
American Board of Sleep Medicine
American Board of Neurology

Edward Ortiz, MD
American Board of Sleep Medicine
American Board of Internal Medicine/Pulmonary

Rhonda Biles, PA-C
Josie Zamora, RN, CNS
Mary Youngwith, FNP-C

Request for

SLEEP STUDY & RAW DATA

LAB:			
Address:			
FAX:		**Phone:**	

This authorizes you to provide a copy of my **SLEEP STUDY & RAW DATA** to:

J. Douglas Hudson, MD
4200 Marathon Blvd., Ste. 310
Austin, TX 78756
(512) 420-9900

(512) 420-9944 FAX

FOR PATIENT: ____
Print name

DOB:______________________

If minor, parent or guardian:____
Print name

Patient or Guardian Signature: ___________________________________ Date:____________

If Guardian, relationship to patient:________________________________

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

Dr. Hudson, Due to the following reason(s), we cannot honor your request:

❑ We have no patient by this name. ❑ No records available for dates or condition.