

**\*\*Zquiet Referral Letter Outline\*\***

[Your Name]

[Your Title/Position]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title/Position]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

**\*\*Introduction\*\***

- Briefly introduce yourself and your role.
- State the purpose of the letter: to refer a patient for Zquiet assessment/treatment.

**\*\*Patient Information\*\***

- Include patient's name, age, and relevant medical history.
- Mention any previous assessments or treatments related to sleep issues.

**\*\*Reasons for Referral\*\***

- Describe the specific issues the patient is experiencing (e.g., snoring, sleep apnea).
- Discuss the impact these issues have on the patient's health and quality of life.

**\*\*Previous Interventions\*\***

- Mention any interventions that have already been attempted.
- Include any tests or evaluations that have been conducted.

**\*\*Conclusion\*\***

- Encourage the recipient to consider the patient for Zquiet treatment.
- Express willingness to provide further information if needed.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title/Position]