



info@betternight.com | Phone: 1 (866) 801 9440 | Fax: 1-866-364-2915

Patient Name:

Patient Phone Number:

Patient Email:

Clinic Location:

Physician Name:

- BetterNight provides a fast and convenient way to address your risk of sleep apnea. My clinic is authorized to provide my contact information to BetterNight if the results of my physical exam indicate that I could benefit from BetterNight's services.

Patient's Signature: