



# REQUEST FOR INFORMATION

DOT/Sleep Apnea

Patient's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

During today's DOT examination, your provider discussed your history of sleep apnea or multiple risk factors that significantly increase your risk of undiagnosed obstructive sleep apnea.

*In order to address those concerns, please complete the instructions indicated below:*

- ☐ You have already been diagnosed with sleep apnea and CPAP treatment was recommended. Please have your sleep specialist submit a current/recent CPAP compliance report showing consistent use that meets or exceeds DOT benchmarks. These include average use of at least 4 hours per night for no fewer than 70% of the total nights. Acceptable compliance reports should include AT LEAST the last 30 days of use.
- ☐ Your current CPAP machine does not record your nightly use. Please arrange an evaluation with your sleep specialist and have them provide adequate documentation that you are compliant with your CPAP, are not experiencing daytime sleepiness, and are medically cleared to operate commercial vehicles.
- ☐ You have been treated for sleep apnea with surgery or an oral appliance. Please submit supporting documentation from sleep specialist that your sleep apnea is adequately controlled (including a postsurgery/appliance sleep study showing effective treatment) and that you are medically cleared to operate a commercial vehicle. This may require periodic testing such as a sleep study, sleep latency test, or maintenance of wakefulness test.
- ☐ You have not been previously diagnosed and/or treated for sleep apnea, but have several risk factors for this condition such as: increased BMI, increased neck circumference, reduced space behind your tongue, issues with your blood pressure, excessive daytime sleepiness, excessive snoring or witnessed apneas. Please arrange to see a sleep specialist for evaluation. Forward records from that visit and the report from your sleep study to the location checked below.

DOT Examiner Signature: \_\_\_\_\_

**Please have your provider forward the requested information to:**

- ☐ **Coon Rapids Location:** 600 Coon Rapids Boulevard NW, Coon Rapids, MN
- ☐ **Eagan Location:** 1400 Corporate Center Curve, Suite 200, Eagan, MN
- ☐ **Shakopee Location:** 4360 12th Avenue E, Shakopee, MN
- ☐ **St. Paul Location:** 1661 St. Anthony Avenue, 2nd Floor, St. Paul, MN
- ☐ **Woodbury Location:** 4123 Radio Drive, Woodbury, MN

**Phone:** (651) 968-5300  
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**Phone:** (651) 968-5300

**Fax:** (651) 730-3516  
**Fax:** (651) 730-3523  
**Fax:** (651) 730-3551  
**Fax:** (651) 646-0205  
**Fax:** (651) 730-3574

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