



## Children's National Hospital's Advanced Sleep Apnea Clinic

### Criteria for referral:

- Significant daytime/nighttime symptoms
- Failed medical management
- PSG-proven OSA
- Persistent OSA s/p T&A
- Sleep study within 6 months
- Complex patients
- Anytime you aren't sure!

If you have a patient that you think would be a good candidate for the ASAP clinic, please contact Miriam Weiss or Claire Lawlor directly:

### **Miriam Weiss, MSN CPNP CCSH:**

- Office: 202-476-5629
- Fax: 202-476-5864
  - o ATTN: Miriam Weiss NP, pt for ASAP clinic
- Email: [miweiss@childrensnational.org](mailto:miweiss@childrensnational.org).

### **Claire Lawlor, MD:**

- Email: [cmlawlor@childrensnational.org](mailto:cmlawlor@childrensnational.org)

*If the patient's notes, studies and/or surgeries are not available through BEAR tracks, please include these in your communication along with patient name, DOB, and best family contact info*