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

Claire Lawlor, MD:
- Email: 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*