**AASM 2017 Casebook**

**Case Submission Form**

**Author Information:**

Full Name:

 Professional Certification(s):       Affiliation:

 Street Address:

 City:      State:      Postal Code:      Telephone:

 Fax Number:      Email Address:

 Membership Status: [ ]  AASM Member [ ]  Nonmember

**Case Title**

Provide a title in the space below.

**Disorder**

Provide an *ICSD-3* defined disorder in the space below.

**Case Abstract**

1. **History**

1. **Physical Examination**

1. **Differential Diagnosis**

1. **Additional Tests**

1. **Final Diagnosis**

1. **Discussion of Treatment Plan**

1. **Outcome of Case**

1. **Teaching Points**

1. **References**

1. **Images**

Do you have a PSG or HST image attached?

[ ]  Yes

[ ]  No

 Do you have any supplemental images that would be required for this case?

[ ]  Yes

[ ]  No

 If yes, have you de-identified all images to comply with HIPPA?

[ ]  Yes

[ ]  No