



Please fax this completed form along with the following information to (866) 543-2519

- Patient Demographics Sheet
- Copy of Insurance Card(s)
- History & Physical Exam Notes

Patient's Name: _____ Sex: M F Age: _____ DOB: ____/____/____
(Last) (First) (M.I.)

Home Phone: (____) _____ - _____ Height: _____ Weight: _____ BMI: _____

Work Phone: (____) _____ - _____ Primary Insurance: _____

Cell Phone: (____) _____ - _____ Social Security No: _____

Symptoms/Indications for Testing (check all that apply):

- Excessive Daytime Sleepiness
- Loud Irregular Snoring
- Observed Apnea
- Awakening Gasping for Breath
- Restless, Jerking Legs During Sleep
- Morning Headaches / Dry Mouth
- Memory / Concentration Problems
- Other _____

Pertinent Patient Medical History (check all that apply):

- Hypertension
- Heart Disease
- Stroke
- COPD
- Diabetes
- Obesity / Weight Gain
- Nasal Obstruction
- Other _____

Preliminary Diagnosis: Obstructive Sleep Apnea (327.23) Narcolepsy (347) Other _____

Choose a Sleep Study Protocol:

- Complete Health Pathway** - Diagnostic PSG followed by a CPAP Titration on a 2nd night (if indicated), Sleep Specialist Consultation with appropriate Sleep Disorder Treatment and follow-up
- Sleep Apnea 2 Night Protocol - Diagnostic PSG followed by a CPAP Titration on a 2nd night (if indicated)
- Narcolepsy Protocol - Diagnostic PSG followed by a daytime MSLT (MSLT cancelled if PSG positive for OSA)

Or a Specific Sleep Study:

- Diagnostic PSG – 95810
- CPAP/BIPAP Titration – 95811
- MWT (Wakefulness Test) - 95805
- Consultation with Sleep Specialist
- Split Night – Diagnostic PSG and CPAP Titration on same night (if indicated and time permits)
_____ Initial here to authorize patient's return for CPAP if patient does not meet Split Night criteria in allotted time

Please advise us of any special instructions or special needs of your patient:

Physician's Name: _____ Physician's Signature: _____
(Please Print)

Physician Phone: (____) _____ - _____ NPI #: _____ DATE: _____

Physician Fax: (____) _____ - _____ Contact Name: _____