

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Physician: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Insurance: \_\_\_\_\_

**Please fax completed signed order, recent office notes, insurance and demographics to 602.798.0753.**

<b>Indications: Check all that apply</b>	<b>Testing ordered</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Obstructive Sleep Apnea</b> (G47.33)</li> <li><input type="checkbox"/> <b>Observed apnea, witnessed pauses in breathing</b> (G47.30)</li> <li><input type="checkbox"/> <b>Snoring</b> (R06.83)</li> <li><input type="checkbox"/> <b>Excessive Daytime Sleepiness/Fatigue</b> (R40.0)</li> <li><input type="checkbox"/> <b>Morbid Obesity</b> (E66.01)</li> <li><input type="checkbox"/> <b>Excessive limb movements</b> (G47.61)</li> <li><input type="checkbox"/> <b>Abnormal Sleep Behaviors</b> (F51.8)</li> <li><input type="checkbox"/> <b>Narcolepsy</b> (G47.41)</li> <li><input type="checkbox"/> <b>Insomnia</b> (G47.00)</li> <li><input type="checkbox"/> <b>Hypertension</b> (I10)</li> <li><input type="checkbox"/> <b>Recent Stroke</b></li> <li><input type="checkbox"/> <b>Ischemic Heart Disease</b></li> <li><input type="checkbox"/> <b>Impaired Cognition</b></li> <li><input type="checkbox"/> <b>Mood Disorder</b></li> <li><input type="checkbox"/> Other:</li> </ul> <p><b>Special Needs or special instructions:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Split PSG with CPAP 95811</b> (Criteria is AHI &gt;15 with 2 hours of sleep by 2 am)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient's first sleep study</li> <li><input type="checkbox"/> Patient requalifying for PAP equipment</li> </ul> </li> <li><input type="checkbox"/> <b>CPAP/Bi-Level Titration 95811</b> (Copy of previous diagnostic study required)</li> <li><input type="checkbox"/> <b>Diagnostic Only PSG (No CPAP) 95810</b></li> <li><input type="checkbox"/> <b>ASV Titration 95811</b> (for Complex and Central Sleep Apnea)</li> <li><input type="checkbox"/> <b>Home Sleep Apnea Test 95806/G0399</b> (without significant co-morbidities)</li> <li><input type="checkbox"/> <b>MSLT 95805</b> (with preceding night PSG w/ no OSA and &gt; 6 hours total sleep time)</li> <li><input type="checkbox"/> <b>MWT 95805</b> (Wakefulness test for pilots and drivers)</li> <li><input type="checkbox"/> Follow-up Sleep Consultation</li> </ul> <p><b>DME preference:</b></p> <p><b>Reading physician preference:</b></p>
<p><b>Physician Signature:</b></p>	<p><b>Date:</b></p>