



PATIENT INFORMATION

Full name:	Date of birth:	Gender:	
Address:	City:	State:	Zip:
Email:	Home #:	Cell #:	
Language (if not English):	Height (ft):	Weight (lbs):	BMI:

COMMERCIAL INSURANCE (NON-GOVERNMENT)

Insurance:	ID #:	Group #:	
Insurance phone #:	Employer:	Employer phone #:	
<input type="checkbox"/> No insurance coverage / self pay			

PHYSICIAN INFORMATION

Full name:	NPI:		
Address:	City:	State:	Zip:
Email:	Phone #:	Fax #:	

DIAGNOSIS (Choose 1 suspected Dx below)

- 327.23 (G47.33) Obstructive Sleep Apnea**
- 780.53 (G47.30) Hypersomnia with Sleep Apnea
- 780.51 (G47.30) Insomnia with Sleep Apnea
- 780.57 (G47.30) Other and Unspecified Sleep
- Other ICD-10:

SIGNS & SYMPTOMS (Choose 2 boxes below)

List at least two of the symptoms below observed or reported during the patient's visit that included vital signs, HEENT, neurological and cardio / pulmonary assessment.

- | | |
|--|--|
| <input type="checkbox"/> Chronic snoring | <input type="checkbox"/> Abrupt awakening during the night |
| <input type="checkbox"/> Apneic events | <input type="checkbox"/> Difficulty staying asleep |
| <input type="checkbox"/> Morning headaches | <input type="checkbox"/> Excessive daytime sleepiness |
| <input type="checkbox"/> Awaken with SOB | <input type="checkbox"/> Nocturia |
| <input type="checkbox"/> Awaken w/ dry mouth | |

TEST ORDERED:

- Home sleep test. Unattended Type III (records airflow, respiratory effort, pulse, O2 saturation) on room air.

PHYSICIAN SIGN & DATE (A stamped signature is not considered a valid order)

I am ordering a home sleep test for the patient listed above. I certify this patient was evaluated during an office visit and demonstrated signs and symptoms consistent with Obstructive Sleep Apnea that requires home sleep testing for evaluation. I further attest the evaluation was documented in the patient's chart notes prior to ordering this test.

Physician signature:	Date:
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PLEASE FAX THIS ORDER TO (888) 461-5751

LEGIBLE CHART NOTES AND COPY OF FRONT / BACK OF INSURANCE CARD MUST BE INCLUDED