

SLEEP STUDY REFERRAL FORM



PH: (877) 525-STAT FX: (562) 622-1058

PT Name: _____		Date: _____	
Address: _____		City: _____	Zip Code: _____
PH# (Home): _____		PH# (Cell): _____	
Date of Birth: _____	Social Security # _____	Male	Female

Already on CPAP or BiPAP? Yes No On Nighttime Oxygen? Yes No

DIAGNOSIS:

Apnea Events	Diabetes	Obesity	Sleep Talking/Walking	Restless Legs
Gaspings/Choking	Hypertension	Chronic Pain	Weight Change of 10lbs	Narcolepsy
Excessive Sleepiness	Seizures	GERD	Nocturnal Arousals	Insomnia
Other: _____				

Home Study Qualifications (If a patient has any of the following, they DO NOT qualify for a home sleep test. PSG Required)

- Using Oxygen at night
- Epworth Score below 10
- Central Sleep Apnea
- Frequent Bronchitis
- Chronic/Severe Asthma
- Lung Disease
- Currently on CPAP
- Congestive Heart Failure
- COPD
- Deviated / Closed Septum
- Emphysema
- Any other sleep disorder (Insomnia, Parasomnias, Narcolepsy, & PLMS)
- Currently on BiPAP
- Coronary Artery Disease
- Cerebral Vascular Accident (Stroke)
- Low Blood oxygen levels <88%
- Neuromuscular disease

Overnight Study: COMPLETE STUDY (PSG, if patient qualifies then PAP NAP, & CPAP TITRATION STUDIES)

95810 (PSG Sleep Test) 95811 (CPAP Titration) 95811 (Split Study)

Other Sleep Test: 95807-52 PAP NAP - (2-hr, Daytime CPAP Desensitization)

95805 MSLT – (Multiple Sleep Latency Test, checks Insomnia, done if no Dx on PSG)
MWT – (Maintenance of Wakefulness Test, checks Narcolepsy)

95810 + 95827 Seizure Montage Study – (checks for Nocturnal Seizures & Parasomnias)

Home Sleep Test: 95800 *For severe OSA patients only. Diagnosis must qualify. See above.

Authorize Medical Director to write CPAP Rx, and invite Patient to CPAP Support Group.

Authorize Medical Director to Consult Patient for Sleep Disorder

Overnight Pulse Oximetry PFT Screening Pulmonary Stress Test

Physician Name: _____	Phone #: _____
Signature: _____	Date: _____

Fax completed form, front & back of insurance card, and demographics to (562)622-1058