



# Midwest Center

FOR SLEEP DISORDERS

2088 Ogden Avenue, Suite 260  
Aurora, IL 60504

88 W. Countryside Parkway, Suite B  
Yorkville, IL 60560

P 630.375.9499

F 630.375.9909

## REQUEST FOR SLEEP LAB SERVICES

Today's Date \_\_\_\_\_ Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Day/Evening Patient Phone # \_\_\_\_\_

Address \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Insurance \_\_\_\_\_

**Referral Note:** This does not replace referral forms required by most HMO/POS insurance plans. These plans may require a referral be processed prior to a test being performed. Please check with your individual plan guidelines.

## REQUESTED TEST INFORMATION

**Please check all that apply to assure proper ordering and billing:**

### 1. Request Study:

- Diagnostic Sleep Study 95810
- Split Night Study with NCPAP if indicated 95811
- NCPAP Titration / Re-titration 95811
- Home Sleep Study 95806
- PAP-Nap 95807
- Multiple Sleep Latency Test or MWT (CPT 95805)
- Sleep Consultation with Physician
- Free Consultation with Technologist

### 2. Select Interpreting Physician:

- L.E. Alberti, MD, FCCP, ABSM
- J. Doud, MD, FCCP
- S. Kalra, MD, FCCP, ABSM
- A. Siddiqui, MD, FCCP
- F. Photowala, FCCP

### 3. Please document reason for testing and any special health concerns:

- 327.23 Obstructive Sleep Apnea Syndrome
- 327.51 Periodic Limb Movement Disorder
- 327.21 Central Sleep Apnea Syndrome
- 347.00 Narcolepsy
- 327.00 Insomnia
- 780.54 Hypersomnia
- 307.42-0 Psychophysiological Insomnia
- 327.42 REM Sleep Behavior Disorder
- 333.94 Restless Leg Syndrome
- 327.20 Sleep Apnea / Sleep Related Breathing Disorder
- Other \_\_\_\_\_

### Physician Signature:

\_\_\_\_\_

Date \_\_\_\_\_