

## 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

**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)
- Pediatric Diag Sleep Study 5yrs/under 95782
- Pediatric CPAP Sleep Study 5yrs/under 95783
- Nocturnal Oximetry 94762
- Testing w/Oral Appliance

### 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, MD, FCCP
- A. Sethi, MD, FCCP

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

- G47.33 Obstructive Sleep Apnea Syndrome
- G47.61 Periodic Limb Movement Disorder
- G47.31 Central Sleep Apnea Syndrome
- G47.419 Narcolepsy w/o Cataplexy
- G47.411 Narcolepsy w/ Cataplexy
- G47.10 Hypersomnia
- G47.00 Insomnia Unspecified
- G47.52 REM Sleep Behavior Disorder
- G25.81 Restless Leg Syndrome
- G47.63 Sleep Related Bruxism
- R06.83 Snoring
- G47.37 Complex Sleep Apnea
- G47.20 Circadian Rhythm Sleep Disorder
- Other \_\_\_\_\_

### Physician Signature:

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Date \_\_\_\_\_