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 Oceanside: 3998 Vista Way, Suite G, Oceanside, CA 92056
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SLEEP SERVICE REQUEST

Patient Name: _____ **Date of Birth:** _____ **Gender:** _____

Patient Phone: _____ **Insurance:** _____

Indication/Suspected Diagnostic

- | | |
|--|---|
| <input type="checkbox"/> Observed Apnea/Breathing Pauses (G47.33) | <input type="checkbox"/> Snoring (G47.8) |
| <input type="checkbox"/> Narcolepsy (G47.429) | <input type="checkbox"/> Obesity/Significant Weight Loss/Gain (E66.01) |
| <input type="checkbox"/> Habitual Choking/Gasping/Night Sweats (G47.30) | <input type="checkbox"/> Excessive/Abnormal Body/Limb Movement (G47.61) |
| <input type="checkbox"/> Hypertension (I10) | <input type="checkbox"/> Abnormal Sleep Behaviors - Violent/Injurious (F51.8) |
| <input type="checkbox"/> Excessive Daytime Sleepiness/Hypersomnia (G47.10) | |

Type Of Testing Required

- | | |
|--|--|
| <input type="checkbox"/> Polysomnography (PSG): Full-night, in-lab sleep study attended by a technologist (CPT: 98510) | <input type="checkbox"/> Multiple Sleep Latency Test (MSLT)/Multiple Wakefulness Test (MWT): Used to rule out narcolepsy. Note: if patient meets diagnostic and procedural protocol, PAP titration will be performed and MSLT will be cancelled (CPT 95810 and 95811/05805) |
| <input type="checkbox"/> Split PSG: PSG with possible PAP titration if patient meets diagnostic and procedural criteria (CPT: 95811) | <input type="checkbox"/> Treatment Authorization: Sleep Medicine Physician to prescribe and manage appropriate treatment for patient. |
| <input type="checkbox"/> CPAP/BiPAP/ASV Titration: PSG with PAP, O ₂ , or oral appliance titration. Please attach previous diagnostic sleep study (CPT: 95811) | <input type="checkbox"/> Notes/Special Requests: _____ _____ _____ _____ |
| <input type="checkbox"/> CPAP/BiPAP/ASV Titration w/ Sleep Consult/Evaluation: Titration and evaluation by Certified Sleep Physician to determine and order appropriate therapies. Please attach previous diagnostic sleep study (CPT: 95811 and 99242/99244/99213/99215) | |
| <input type="checkbox"/> Home Sleep Test (HST): Diagnostic sleep study primarily to diagnose obstructive sleep apnea (CPT: 95806) | |

Physician: _____ **NPI #:** _____

Phys. Phone Number: _____ **Fax:** _____

Phys. Signature: _____ **Date:** _____

PLEASE INCLUDE PATIENT CLINICAL INFORMATION AND INSURANCE INFO/CARD WHEN FAXING ORDER