Sleep Study Request Form

Please FAX BACK TO 661.799.0968

Please fax completed form with a copy of the patients' insurance card, I.D., recent physical and clinical notes

Patient Information: (Please Print)

Name:______________________________________ **DOB:**____________ ☐ **Male or** ☐ **Female**

Address:____

Home Phone: (   ) _______________________ **Cell Phone: (   )** ________________________

Email: _______________________ **Insurance**_______________**ID#**____________

Services Requested:

☐ **Diagnostic Sleep Study** (Polysomnogram (PSG) Baseline Oberservation Study without CPAP Titration.

☐ **Split Night Study** Baseline study followed by CPAP Titration if required. Recommended for suspected Apnea Patients.

☐ **CPAP Titration** Full night titration for patients with documented APNEA or to determine new pressure settings for people with known APNEA or those who did not a Split Night test.

☐ **BiPAP Titration Study**- Full night titration for patients with documented APNEA. (Must provide prior documentation of diagnosed OSA).

☐ **Mandatory Split-Night Study** Baseline Study followed by CPAP Titration after three hours even if requirements not met.

☐ **Multiple Sleep Latency Test (MSLT)** To rule out Narcolepsy.

☐ **Maintenance of Wakefulness Test (MWT)** For patients who have critical jobs and must remain awake of loss of license or job.

Medical History: Medical Necessity/Symptoms

☐ Ischemic Heart Disease ☐ History of Stroke ☐ OSA ☐ Restless Legs ☐ Narcolepsy

☐ Loud Snoring ☐ Insomnia w/ sleep apnea unspecified ☐ Excessive Daytime Sleepiness

☐ Periodic Limb Movement ☐ Gasping or Choking During Sleep ☐ Witnessed Apnea

☐ Obese/Large Neck ☐ Hypertension ☐ Diabetes ☐ Other______________________________

Referring Physician:

Name:____**NPI:**_______________

Address:____

Phone: (   )_______________ **Fax: (   )**________________________________

Referral Contact Person: ________________________________

Physician's Signature: ____ **Date** ____________

25050 Peachland Avenue, Suite 125, Santa Clarita, CA. | 661.799.1428