



Sleep Study Order In Lab & At Home

Promoting Better Sleep Health For Over 20 Years



FAX: (702) 990-7665

*** Phone (702) 990-7660 ***



* 8935 S. Pecos Rd., Suite 22-B. Henderson, NV 89074 *

* 2911 N. Tenaya Way, Suite 100. Las Vegas 89128*

* 661 S. Blagg Rd. Pahrump NV 89048 *

Patient Name: _____ D.O.B.: _____ Date: _____

Phone Number: _____ Height: _____ Weight: _____

FAX THIS FORM WITH:

- Clinical notes that support medical necessity
- Copy of the current insurance card and demographics
- Copy of most recent sleep study if not conducted by NSD

Study / Therapy Ordered:

- | | |
|---|---|
| <input type="checkbox"/> Diagnostic Sleep Study (PSG) 95810, followed by another night for CPAP titration study 95811 if positive for sleep apnea | <input type="checkbox"/> Diagnostic Sleep Study (PSG) 95810 |
| <input type="checkbox"/> Split Night Study 95811 | <input type="checkbox"/> Home Sleep Apnea Test (HSAT) 95806 |
| <input type="checkbox"/> CPAP Titration 95811 | <input type="checkbox"/> Home Sleep Apnea Test (HSAT) 95806 while on CPAP |
| <input type="checkbox"/> Overnight Pulse Oximetry 94762 with Sleep Health Summary (\$75) | <input type="checkbox"/> CPAP Therapy Download (\$75) |

Medical Necessity – Check all boxes that apply to patient's symptoms

- | | | |
|---|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Falling asleep at work | <input type="checkbox"/> Morning Headaches |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Falling asleep in the car | Special Instructions _____ |
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Cognitive Dysfunction | _____ |

DOCTOR'S SIGNATURE

CONTACT PERSON'S NAME

DOCTOR'S PRINTED NAME & (N.P.I.):

TELEPHONE No. EXT / FAX No.