



Sleep Study Request Form

Fax Back to: 407-365-3034

With Patient's Recent History and Physical

Patients **Age 12+**

EIN: 11-3812755

NPI: 1700078979

NPI (Consults): 1427091727

- Falcon Oviedo Location Falcon Metrowest Location Patient Choice

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work/ Mobile Phone: _____

Insurance: _____ Member ID: _____

Patient Diagnosis: _____ DX Code: _____

Any significant medical history? Yes No

If Yes, Please specify _____

Procedures Requested (Please check appropriate boxes):

- Routine PSG (95810)
- CPAP Titration (95811)
- Split -Night Study (95811)
- MSLT (Multiple Sleep Latency Test) (95805)
- MWT (Maintenance of Wakefulness test) (95805)
- PAP NAP (95807) (May not be approved by all

insurances)

- Sleep Specialist Consult
- CPAP Compliance Clinic
- Routine PSG with extended channel EEG
- HST (Home Study) (95806 or G0399) (May not be approved by all insurances)

SLEEP STUDY AMBULATORY OPTIONS AVAILABLE

Symptoms (Check all that apply):

- Loud Snoring
- Excessive daytime sleepiness
- Witnessed apneas
- Parasomnias _____
- Seizures
- Leg Movements
- Epworth Sleepiness Score _____
- Neck Size _____
- Height _____
- Weight _____

Relevant Medical History:

- Hypertension
- Dementia/impaired
- Pulmonary hypertension
- Pulmonary Disease
- Arrhythmia (VT/Afib)
- Neuromuscular weakness
- CHF (moderate to severe)
- Asthma
- Stroke Date: _____
- Tonsillar Hypertrophy
- COPD
- Heart Attack Date: _____

Previous Sleep Study? Y N

If YES, location? _____ Date?: _____

Physicians Name _____ NPI #: _____ EIN#: _____

Signature: _____

Specialty: Psychiatrist Neurologist Family Practice Internal Medicine

Other (Please specify): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Contact Person: _____

Phone: _____ Fax: _____