

Name _____	Practice Name _____
Address _____	Physician _____
_____ Zip Code _____	Physician NPI Number _____
Phone _____	Address _____
Patient Email _____	_____
Primary Insurance _____	Phone _____
Secondary Insurance _____	Fax _____
DOB _____ Age _____ Gender _____	Provider Contact Name _____
Height _____ Weight _____ Neck Size _____	Contact Email _____

INDICATIONS

- | | |
|--|---|
| <input type="checkbox"/> G47.33 Observed Apneas/Witnessed Breathing Pauses (attach previous study if available) | <input type="checkbox"/> R06.83 Snoring/Gasping/Choking/Night Sweats Associated with Awakenings |
| <input type="checkbox"/> G47.10 Excessive Daytime Sleepiness/Hypersomnia | <input type="checkbox"/> G47.30 Sleep Apnea Unspecified |
| <input type="checkbox"/> G47.31 Central/Complex Apnea (attach previous study if available) | <input type="checkbox"/> G47.429 Narcolepsy |
| <input type="checkbox"/> Significant Weight Gain or Loss, Enter BMI _____ | <input type="checkbox"/> I10 Hypertension |
| <input type="checkbox"/> R51.0/R51.9/G43.001/G44.89 Morning Headaches | |
| <input type="checkbox"/> Parasomnias Including but Not Limited To: Limb Behavioral Disorder, PLMD, RLS, Nocturnal Seizures, Sleep Talking/Walking, Arousal Confusion, Night Terrors, Violent or Injurious Behavior | |
| <input type="checkbox"/> Other Co-Morbidities Including but Not Limited To: Pulmonary Disease, Neuromuscular Disease, CHF, CVA, Epilepsy, Chronic Opioid Use | |

EVALUATION AND MANAGEMENT

- | | |
|--|--|
| <input type="checkbox"/> Sleep Consultation and Management | <input type="checkbox"/> Inspire (Upper Airway Stimulation) Consult |
| <input type="checkbox"/> NO Sleep Consult or Follow-up Requested | <input type="checkbox"/> Inspire Activation (Attach DICE and Surgical Notes) |
| | <input type="checkbox"/> Sleep to Slender (Medically Supervised Weight Management) |
| | <input type="checkbox"/> CBT-I (Cognitive Behavioral Therapy for Insomnia) |

TYPE OF TESTING REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> 95811/95810 Split PSG (Initiate PAP if Medicare/AASM AHI >15/hr*)
<input type="checkbox"/> If a second sleep study is required to achieve PAP titration please proceed | <input type="checkbox"/> 95810 Youth PSG (No PAP Initiated: ETCO ₂ Monitored) (Ages 6+) |
| <input type="checkbox"/> 95811 Adult PAP Titration (Previous Diagnostic Study Required) | <input type="checkbox"/> 95811 Youth Titration (Ages 6+) |
| <input type="checkbox"/> 95810 Adult PSG (No PAP Initiated) | <input type="checkbox"/> 95782 Pediatric PSG <input type="checkbox"/> 95783 Pediatric Titration |
| <input type="checkbox"/> 95805 MWT (Drivers and Pilots) | <input type="checkbox"/> 95806/95800 Home Sleep Apnea Test
Interpreted by a Board Certified Sleep Physician |
| <input type="checkbox"/> 95805 MSLT (Preceding PSG Required) | <input type="checkbox"/> 94762 Nocturnal Oximetry
<input type="checkbox"/> On Room Air <input type="checkbox"/> On O ₂ @ _____ Lpm |

Special Instructions:

Physician Signature:

Date:

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH THIS FORM:

• Clinical Notes • Insurance Info/Card(s) • Signed Order

LARGEST ACCREDITED SLEEP CENTER IN ARIZONA

CHANDLER
1120 S. Dobson Rd.
Building B, Suite 100
Chandler, AZ 85286

GLENDALE
6320 W. Union Hills Dr.
Building B, Suite 1000
Glendale, AZ 85308

GOODYEAR
13481 W. McDowell Rd.
Suite 200A
Goodyear, AZ 85395

MESA
4555 E. Inverness
Building 3
Mesa, AZ 85206

PHOENIX
10221 N. 32nd St.
Suite B
Phoenix, AZ 85028

SCOTTSDALE
9767 N. 91st St.
Suite 104
Scottsdale, AZ 85258

SUN CITY
13203 North 103rd Ave.
Suite I-1B
Sun City, AZ 85351

TUCSON
1790 E. River Rd.
Suite 140
Tucson, AZ 85718