Valley Sleep Center
A Night and Day Difference!

PHONE: (480) 830-3900
FAX: (480) 830-3901
valleysleepcenter.com

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

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

EVALUATION AND MANAGEMENT

- ☐ **Sleep Consultation and Management**
- ☐ **NO Sleep Consult or Follow-up Requested**
- ☐ Inspire (Upper Airway Stimulation) Consult
- ☐ Inspire Activation (Attach DICE and Surgical Notes)
- ☐ Sleep to Slender (Medically Supervised Weight Management)
- ☐ CBT-I (Cognitive Behavioral Therapy for Insomnia)

TYPE OF TESTING REQUESTED

- ☐ **95811/95810** Split PSG (Initiate PAP if Medicare/AASM AHI >15/hr*)
  - ☐ If a second sleep study is required to achieve PAP titration please proceed
- ☐ **95811** Adult PAP Titration (Previous Diagnostic Study Required)
- ☐ **95810** Adult PSG (No PAP Initiated)
- ☐ **95805** MWT (Drivers and Pilots)
- ☐ **95805** MSLT (Preceding PSG Required)
- ☐ **95810** Youth PSG (No PAP Initiated: $ETCO_2$ Monitored) **(Ages 6+)**
- ☐ **95811** Youth Titration **(Ages 6+)**
- ☐ **95782** Pediatric PSG ☐ **95783** Pediatric Titration
- ☐ **95806/95800** Home Sleep Apnea Test Interpreted by a Board Certified Sleep Physician
- ☐ **94762** Nocturnal Oximetry
  - ☐ On Room Air ☐ 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

PRESCOTT
3777 Crossings Dr.
Suite B
Prescott, AZ 86305

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