



Patient Name _____
 Date of Birth _____
 Phone Number _____
 Please Fill in or Affix a Patient Label

Sleep Lab Phone: (828) 266-1179
 Sleep Lab Fax: (828)268-9046
 Toll Free: (800) 443-7385 EXT 1179

Central Scheduling (828) 268-9037

Sleep Center Requisition

Patient must bring this form with them. This form must be completed, signed by the physician, and presented to the Outpatient Registration Desk prior to any test being performed.

Patient Name: _____ DOB: ___/___/___
 Ordering MD: _____ Primary Care Physician _____
 Ordering MD Phone: _____ Ordering MD Fax: _____
 Insurance Co. / Phone #: _____ Policy #: _____
 Pre-Certification #: _____
 Insurance Name / Employer: _____

Test Name	CPT
Sleep Study Regular	95810
CPAP/BIPAP Titration	95811
Split Sleep Study for AHI > _____ (recommended AHI is 20 or >)	95811
Multiple Sleep Latency Test (to follow regular or CPAP sleep study)	95805
Maintenance of Wakefulness Test (to follow regular or CPAP sleep study)	95805
Check this box if you do not wish an automatic neurology referral for management of sleep apnea if test results are positive for apnea.	
Check this box in order to schedule a Sleep Medicine office consultation with a Sleep Center staff physician for the diagnosis below. Sleep physician preference (if Any): _____	95806
Miscellaneous orders: _____	

Diagnosis	G47.419 Narcolepsy without cataplexy
F51.3 Sleepwalking	G47.8 Other sleep disorders
F51.4 Sleep terrors	I42.8 Other cardiomyopathy
F51.5 Nightmare disorders	I50.20 Unspecified systolic (congestive) heart failure
G47.10 Hypersomnia, unspecified	I50.30 Unspecified diastolic (congestive) heart failure
G47.20 Circadian rhythm sleep disorder	I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
G47.30 Sleep apnea, unspecified	I50.9 Heart failure, unspecified
G47.31 Primary central sleep apnea	J96.10 Chronic respiratory failure, unspecified whether with Hypoxia or hypercapnia
G47.33 Obstructive sleep apnea (adult)(pediatric)	
G47.39 Other sleep apnea	
G47.411 Narcolepsy with cataplexy	

Clinical Observations / Indications

- Witnessed Apnea
 Daytime Fatigue
 Restless Sleep
 Frequent Napping
 Hypertension
 Snoring
 Irritability
 Obesity
 Insomnia
 Morning Headaches
 Poor Memory

Additional Medical Problems (faxed History and Physical is required)

Special Instructions

Oxygen Requirement: Mode _____ O₂ flow/ % _____ Continuous PRN
 Specific patient needs: _____

Provider Signature: _____ Date: _____ Time: _____

