



# Sleep Study & Therapy Order

Promoting Better Sleep Health for 18 Years

**FAX: (775) 851-8288**

**\* Phone (775) 851-8282 \***

10655 Professional Circle, Ste. B • Reno, NV 89521



Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Contracted Insurances			
Aetna	Cigna	Prominence	Tricare Military
BCBS	HPN Smart Choice	Medicaid	Triwest Healthcare Alliance
Beechstreet	Humana	Medicare	United Healthcare
Most Private PPO's and Most Union Plans			

### FAX THIS FORM WITH:

- Clinical notes that report fatigue, witnessed apnea or falling asleep at work or in the car
- 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"/> Overnight Pulse Oximetry 94762 with Sleep Health Summary |
| <input type="checkbox"/> Home Sleep Apnea Test (HST) 95806  | <input type="checkbox"/> CPAP Equipment and Mask Evaluation with RPSGT            |
| <input type="checkbox"/> CPAP-BIPAP @ _____ CmH2O + Supplies  | <input type="checkbox"/> CPAP Therapy Review with RPSGT                           |

### 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.