**Sleep Center Referral Form**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Home Phone: \_\_\_-\_\_\_-\_\_\_\_ Cell: \_\_\_-\_\_\_-\_\_\_\_**

**Gender: \_\_\_Height: \_\_\_\_Weight: \_\_\_\_**

**Indication for Study: Pertinent Medical Conditions:**

\_\_\_ Excessive Daytime Sleepiness \_\_\_ Sleep Apnea

\_\_\_ Apnea (witnessed) \_\_\_ COPD

\_\_\_ Loud Snoring or Gasping \_\_\_ CHF

\_\_\_ Non-restorative Sleep \_\_\_ Hypertension

\_\_\_ Restless Sleep \_\_\_ Atrial Fibrillation

 \_\_\_ Obesity

I would like my patient to receive the following services:

\_\_\_**Diagnostic Sleep Study** PSG (95810) \_\_\_ **Titration** after PSG qualification (95811)

\_\_\_**Split Night** PSG & CPAP if Qualify per Protocol (95811) \_\_\_ **MSLT** PSG must Precede MSLT (95805)

\_\_\_**Consultation** if study is abnormal \_\_\_ **MWT** PSG must Precede MWT (95805)

\_\_\_**Referral** to a sleep specialistfor suspected sleep disorder. \_\_\_**Dr. Dixon** \_\_\_ **Dr. Le**

 **Letter of Medical Necessity**

The above listed symptoms are consistent with the presence of obstructive sleep apnea syndrome, a life threatening disorder. These findings warrant the medical necessity of overnight polysomnographic evaluation of this patient to assess the presence and severity of obstructive sleep apnea.

**Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician Phone: \_\_\_-\_\_\_-\_\_\_\_ Fax: \_\_\_-\_\_\_-\_\_\_\_ Physician Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\\_\_\_\\_\_\_**

**\*\*Please include a copy of your patient’s current medical history and insurance card \*\***

 **PLEASE FAX TO: 254-618-1232**