



# SLEEP DIAGNOSTICS

*Chico*     *Paradise*

## Sleep Study Physician Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

### Study Ordered:

- Diagnostic Sleep Study (PSG) – 95810**  
**CPAP Titration Study if positive for sleep apnea – 95811**
- Split Night Sleep Study – 95811**
- Diagnostic Sleep Study (PSG) – 95810**
- CPAP Titration Study – 95811**
- Diagnostic Sleep Study (PSG) – 95810, followed by**  
**Multiple Sleep Latency Test (MSLT) – 95805**
- Overnight Screening Pulse Oximetry**

Diagnosis: \_\_\_\_\_

DME/Special Instructions: \_\_\_\_\_

### FAX THIS FORM WITH THE FOLLOWING INFORMATION:

- 1. Copy (front & back) of insurance card**
- 2. Patient demographic information**
- 3. Clinical notes relating to sleep disorder**

**FAX TO: 530.899.8854**

\_\_\_\_\_  
Physician Signature    M.D. / D.O.    Office Phone: \_\_\_\_\_

\_\_\_\_\_  
(Print name)    M.D. / D.O.    Office Fax: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Sleep Diagnostics will obtain insurance authorization and schedule the patient.  
If you have any questions please call 530.899.8853.