



**SLEEP** *of yuba city*  
**DIAGNOSTICS**

# 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**

Special Instructions: \_\_\_\_\_

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

**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: 530.674.2441**

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

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

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

Sleep Diagnostics of Yuba City will obtain insurance authorization and schedule the patient.  
If you have any questions please call 530.674.2328.