



Sleep & Research Centers of Fountain Valley
(714)979-2999 Phone ♦ (877) 734-0316 Fax
Sleep Study Referral Form

Referring Physician:

_____ Physician Name	_____ Phone#
_____ Address	_____ Fax#
_____ City, State, Zip	_____ NPI# UPIN#
_____ Dr's Signature	_____ Date of Order

Requested Sleep Study:

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Polysomnogram- CPT 95810 | <input type="checkbox"/> Split Night Polysomnogram – CPT 95811 |
| <input type="checkbox"/> Post-Operative Study for OSA- CPT 95810 | <input type="checkbox"/> CPAP Titration Study – CPT 95811 |
| <input type="checkbox"/> MSLT-CPT 95805 | <input type="checkbox"/> Other:_____ |

Indications For Test: (Please check at least one, and all that apply)

- Witnessed Apnea Snoring Excessive Sleepiness Gasping/Choking Morning Headaches Insomnia
 Impaired Cognition Mood Disorders Coronary Artery Disease Nocturnal Arousals Hypertension
 Diabetes Weight Gain > 10lb/yr Neck Size > 17" History of Stroke Restless Leg

PLEASE COMPLETE THE QUESTIONS BELOW TO EXPEDITE SCHEDULING, thank you.

Previous Study: Yes/No When: __/__/__ Where:_____ Previous CPAP: Yes/No Current CPAP: Yes/No
 Does patient use oxygen? Yes/No O2 Flow: _____lpm Does patient have a caregiver? Yes/No

Patient Information:

_____ Last Name	_____ First Name	_____ Home Phone #
_____ Address		_____ Work Phone #
_____ City, State, Zip		_____ DOB:
_____ Primary Insurance:		_____ Member ID #
<input type="checkbox"/> HMO <input type="checkbox"/> MCARE <input type="checkbox"/> EPO <input type="checkbox"/> PPO <input type="checkbox"/> MCAL <input type="checkbox"/> Medi Medi		
_____ Secondary Insurance:		_____ Member ID#
<input type="checkbox"/> HMO <input type="checkbox"/> MCARE <input type="checkbox"/> EPO <input type="checkbox"/> PPO <input type="checkbox"/> MCAL <input type="checkbox"/> Medi Medi		

**Please fax with this order: Insurance Cards (front and back), any relevant patient history and clinical notes.
 We will verify insurance and schedule the patient. Thank you**

Sleep & Research Centers of Fountain Valley
11190 Warner Ave, Suite 401 Fountain Valley, CA 92708