Central Phone: 510-263-3300

Concord
2485 High School Ave. Suite #218

San Rafael
750 Las Gallinas Ave. Suite #101 & #102

San Leandro
13939 East 14th ST Ste 180

Pleasanton
2324 Santa Rita Rd, Suite #8

Daly City
295 89th St. Suite #205

Request for Sleep Disorders Testing & Consultation

Fax to: 510-263-3350

**** Please ***ATTACH*** **Patient Demographics, Insurance Card, & Clinical Notes** ***

Patient Name: ______________________________ Home Phone: ____________________

Address: ______________________________ Work Phone: ____________________

City: ______________ Zip: ____________ E-Mail ____________________ DOB: ________________

☐ **Preliminary Diagnosis:** OSA (327.23) Snoring (786.09) Insomnia (780.52)

☐ Excessive Daytime Sleepiness (780.54) Other: ______________

Procedure Requested:

☐ **New Patient Consultation**
(CCSD will manage patient from Diagnosis to Treatment)

☐ **In Lab**
Polysomnogram
- **With follow up visit**
- **Entire night diagnostic study**
- **Diagnostic-Split *IF* criteria is met**

CPT: 95810 **(Attended)** EEG, EOG, EMG, EKG, Airflow, Resp Efrt, SpO2, body pos

☐ **In Lab**
PAP Titration
With follow up visit
Patient must have prior diagnostic study
CPT: 95811 **(Attended)**
CPAP / BiLevel titration

☐ **EDS – Excessive Daytime Sleepiness**

☐ **Increased Neck Circumference**

☐ **In Lab**
****Split Night****
½ night diagnostic
½ night PAP titration
CPT: 95811 (Attended)
CPAP / BiLevel titration

☐ **At Home**
Portable Sleep Study
If insurance approves
Entire night diagnostic study
CPT: 95806 **(Unattended)**
Cardiopulmonary and limited sleep data

☐ **Increased Weight Gain**

*****SPLIT not guaranteed. If insurance required AHI and TST not met, patient will have Polysomnogram*****

Special Instructions and Requests:

**** Please ***ATTACH*** **Patient Demographics, Insurance Card, & Clinical Notes** ***

MD Name: ______________________________

Phone # ______________________________

Fax # ______________________________

Address: ______________________________

Office Stamp:

MD Signature (Required): X ______________________________ **Date: X** ________________