

☐ 19735 Germantown Rd, Ste. 305 Germantown, MD 20874

☐ 19420 Golf Vista Plaza	a, Ste 110
Leesburg, VA 20176	WAKE WAKE
	SLEEP
	ACCREDITED

Tel: 240.912.4683 • Fax: 240.912.4695 sleepservicesmd.com

Patient Name:	Date of Birth:		
Phone #'s:			
Address:			
Insurance:			
Policy ID:	ID:Group #		
Primary Language: English Spanish Other:			
□ Diagnose and Treat for Sleep Disorders — Sleep Study -SPLIT night polysomnogram (if needed), CPAP Equipment arranged for patient (if needed)	Symptoms ☐ Witnessed Apnea ☐ Loud Snoring	☐ Hypertension☐ Insomnia	
Polysomnogram (95810)	☐ Morning Headaches☐ Excessive Daytime Fatigue	□ Obesity□ Restless Sleep	
CPAP Titration (95811)	Other:	-	
SPLIT Night Polysomnogram (95811)			
Multiple Sleep Latency Test (MSLT) (95805)	Suspected Diagnosis		
Maintenance of Wakefulness Test (MWT) (95805)	 ☐ Obstructive Sleep Apnea ☐ Restless Sleep 	□ Narcolepsy□ Parasomnia	
Sleep Consultation with Sleep Specialist	☐ Other:	☐ Insomnia	
Other:	-		
	ician Name: NPI #:		
Physician Address:			
Physician Phone:	Fax#:		
Physician Statement: I have carefully reviewed this form and find this test to be medically necessary.			
Physician Signature	Date:		