



Sleep Study Prescription and Certificate of Medical Necessity

8635 West 3rd St, Suite 965W · Los Angeles, CA 90048

Scheduling: 310.657.4337 Fax: 310.657.3799 Lab: 310.657.4337

1. Patient Information

Name: _____ DOB: _____

Phone 1: _____ Phone 2: _____

Insurance: _____

2. Ordering Physician Information

Name: _____ Office #: _____

Contact: _____ Fax #: _____

3. Requested Service

- Sleep Medicine Consultation
- Home Sleep Apnea Test (95800)
- Diagnostic Polysomnogram (95810)
- Split Night Study- Polysomnogram with CPAP Titration (95811)
- CPAP/BIPAP Titration (95811)
- Multiple Sleep Latency Test (95805)
- Polysomnogram with Oral Appliance (95810)
- CPAP Initiation and Maintenance/CPAP desensitization (94660)

4. Study Diagnosis (please circle one)

Insomnia w/ Sleep Apnea (G47.00)
Sleep Apnea, NOS (G47.30)

Obstructive Sleep Apnea (G47.33)
Hypersomnia, Unspecified (G47.10)

Central Sleep Apnea (G47.31)
Other: _____

5. Study Indications (please circle all that apply)

Excessive daytime sleepiness
Habitual snoring
Witnessed apneas
Gasp/choke awakenings
Morning headaches
Leg movements
Other: _____

Airway surgery, pre-op	Diabetes mellitus
Atrial fibrillation	High-risk profession (pilot, truck driver)
Bariatric surgery, pre-op	Hypertension
Congestive heart failure	Morbid obesity (BMI > 35)
COPD	Pulmonary hypertension
Coronary artery disease	Stroke/TIA
Craniofacial abnormalities	Other: _____

Physician Signature

Date