

<b>Prescriber Information</b>		Physician Name:		Physician Email:	
Practice Name:			Practice Type:		
Address:		City:	State:	Zip:	
Phone:		Fax:	NPI#:		
Primary Contact:			Primary Contact Email:		

<b>Patient Information</b>		Patient Name: (Last)		(First)		(MI)	
Address:			City:		State:	Zip:	
Primary Phone:			Alternate Phone:			DOB:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Email:			Patient ID#:		

**Sleep History & Physical:** Must select at least one

<input type="checkbox"/> Disruptive snoring	<input type="checkbox"/> Disturbed or restless sleep
<input type="checkbox"/> Non restorative sleep	<input type="checkbox"/> Witnessed apnea event during sleep
<input type="checkbox"/> Choking during sleep	<input type="checkbox"/> Gasping during sleep
<input type="checkbox"/> BMI >30	<input type="checkbox"/> Frequent unexplained arousals from sleep
<input type="checkbox"/> Excessive daytime sleepiness (EDS) as evidenced by an Epworth Sleepiness Scale > 10 (ESS)	

**Diagnosis (ICD-10):**

<input type="checkbox"/> Obstructive sleep apnea (G47.33)	<input type="checkbox"/> Other hypersomnia (G47.19)
<input type="checkbox"/> Hypersomnia, unspecified (G47.10)	<input type="checkbox"/> Sleep apnea, unspecified (G47.30)
<input type="checkbox"/> Idiopathic hypersomnia w/ long sleep time (G47.11)	<input type="checkbox"/> Other sleep apnea (G47.39)
<input type="checkbox"/> Idiopathic hypersomnia w/o long sleep time (G47.12)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Recurrent hypersomnia (G47.13)	

**Diagnostic Service Ordered**     Home Sleep Test     1 night     2 nights

Please include a therapy prescription form for the patient with the sleep study report.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that above home sleep test is medically indicated and is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.

**Fax Completed Prescription and Front and Back of the Patient Insurance Card to:    (877) 387-6715**