

SLEEP STUDY/CONSULTATION REQUEST FORM

PATIENT INFORMATION:

Patient Name: _____ DOB: ___/___/_____ Gender: M F

Address: _____ City _____ State _____ Zip _____

**Please fax this form with a copy of the patient's insurance card to:
(505) 887-5511 or call (505) 887-7300.**

Home Phone: () _____ Work Phone: () _____

SSN: / / Subscriber Name: _____

Insurance Company: _____ Phone: () _____

Group #: _____ Subscriber ID #: _____

REFERRING PHYSICIAN INFORMATION:

Name: _____, M.D. Tel: () _____ Fax: () _____

Specialty: _____ Office Contact Person: _____

SERVICE REQUESTED (Please Check):

Polysomnography

An overnight, fully attended 16-18 channel sleep study in which there is continuous monitoring of the patient.

Cpap Titration

A full night titration of nasal CPAP after diagnosis of Obstructive Sleep Apnea

50/50 Polysomnography/Cpap Split Study

An overnight sleep study during which, after documentation of obstructive sleep apnea is noted in the first half of the night, CPAP may be initiated and titrated.

Multiple Sleep Latency Test (Mslt)

A series of naps performed during the day following a polysomnogram for patients with symptoms of unexplained daytime somnolence. A MSLT is also a diagnostic study for narcolepsy

Consultation

An in-depth sleep consultation with a board certified sleep specialist

Other (Please Specify) _____