



PHYSICIAN'S ORDER FOR SLEEP STUDY PROCEDURE

CALL Referral # 704-377-5337 Option 2
e-FAX Referral # 704-973-9346 (alternate Fax # 704-369-0251)

(Please print legibly in ink and please fill out form completely)

Date Referring MD

After hours # for medical urgency

Practice Name Practice Contact Person

Contact Phone # Ext. # Fax #

E-mail address

Patient Name Male / Female

Patient's DOB Patient's SS #

Address

City State Zip Email:

Home Phone # Other Phone #

Patient's Special Needs/Comments

Indication for Study (please check all that apply): Apnea Snoring Hypersomnia

Restless or Periodic Limb Movement Other:

Insurance Carrier

Policy # Group Name

Referral or Authorization # (if applicable)

SECTION BELOW TO BE COMPLETED BY ORDERING PHYSICIAN. PLEASE CHECK ALL THAT APPLY AND INDICATE ANY CONDITIONS.

- Baseline Polysomnogram (PSG): PLEASE CHECK ONE BOX BELOW
Polysomnogram with CPAP/BiPAP Titration: PLEASE CHECK ONE BOX BELOW
Split night if With Sleep Physician Follow-up
Multiple Sleep Latency Test (MSLT) also CHECK ALL THAT APPLY below
Maintenance of Wakefulness Test (MWT) With Sleep Physician Follow-up

PHYSICIAN'S SIGNATURE (*required for diagnostics/sleep study) DATE

FAX LEGIBLE COPY OF INSURANCE CARD (FRONT & BACK)

UNITED SLEEP MEDICINE will fax back the information in this section when the patient has scheduled their sleep study procedure.

**Date of Study Sleep Lab Location

If you experience a problem in getting this referral through to United Sleep Medicine, please contact our Manager, Monica Case at # 704-953-5356