Our Physicians:

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AASM accredited diagnostic sleep center

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Our Locations: (main location) 1455 Montego, Ste 102 Walnut Creek, CA 94598

(satellite location) 141 Sand Creek Rd, Ste B Brentwood, CA 94513

SECTION 1: PLEASE COMP	LETE Please fax patient's history a	and physical and insurance info	enlarged copy of cards). We will verify benefits.
Patient Name:		DOB:	Gender: M F
Height: We	ight: Parent/G	Guardian Name:	
Address:		City:	Zip:
Home Phone: Cell Phone: Primary Insurance:			
			Auth Exp:
Primary Language: English Spanish Other: Has patient had previous sleep study? No Yes <i>If Y</i> , when			
Preliminary DX: OSA (327.23) Snoring (786.09) PLMS/RLS (327.51) Narcolepsy (347) CSA (327.21) Other			
SECTION 2: PLEASE SELE	CT ONE OPTION BELOW:		
SLEEP STUDY ONLY I am ordering a sleep stud only, selected below, & w follow up & manage this pa	dy or Lam orderin below, & Ly	TUDY & FOLLOW UP ng a sleep study, <i>selected</i> vould like a board certified cian to follow & manage this	Or I would like a board certified sleep physician to consult & manage this patient.
SECTION 3: IF ORDERING A SLEEP STUDY, CHOOSE FROM OPTIONS BELOW: Attended Studies:			
*Does patient have any special needs? No Yes (ie; O2, Caregiver needed, etc) If yes, list:			
Polysomnography with CPAP Titration (Standard Split Night Study) CPT # 95811 [1 st half diagnostic; 2 nd half PAP therapy.] Polysomnography Only (No therapy initiated) CPT #95810 [diagnostic sleep study only] PAP Titration Study (for those with dx of OSA) Choose one: CPAP TITRATION BIPAP TITRATION ASV TITRATION Special instructions for titration:			
	those with dx of OSA) Choose o	ne: CPAP TITRATION	
Special instructions for titra	those with dx of OSA) Choose on	ne: CPAP TITRATION	BIPAP TITRATION ASV TITRATION
Special instructions for titra	those with dx of OSA) Choose on	ne: CPAP TITRATION	
Special instructions for titra Oral Appliance Titration Polysomnography with O Multiple Sleep Latency	those with dx of OSA) Choose on tion: <u>n</u> : List type of device Dral Appliance in Place (No	ne: CPAP TITRATION A adjustments made to device PSG or PAP titration per	BIPAP TITRATION ASV TITRATION djustment Instructions: during the night) formed the preceding night to r/o narcolepsy)
Special instructions for titra Oral Appliance Titration Polysomnography with O Multiple Sleep Latency Maintenance of Wakeful *****	those with dx of OSA) Choose on tion:	ne: CPAP TITRATION A adjustments made to device PSG or PAP titration per 05 (daytime wake study usua ***********************************	BIPAP TITRATION ASV TITRATION djustment Instructions:
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Special instructions for titra	those with dx of OSA) Choose on tion:	ne: CPAP TITRATION	BIPAP TITRATION ASV TITRATION djustment Instructions:
Special instructions for titra Oral Appliance Titration Polysomnography with O Multiple Sleep Latency T Maintenance of Wakeful ************************************	those with dx of OSA) Choose on tion:	ne: CPAP TITRATION adjustments made to device PSG or PAP titration per 05 (daytime wake study usua ***********************************	BIPAP TITRATION ASV TITRATION djustment Instructions: