SLEEP DIAGNOSTICS, INC ACHC Accredited

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Butte Office
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Butte MT. 59701
Phone (406) 782-4595
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PRESCRIPTION FOR SLEEP TESTING

Date of Order: _____ Patient Name: _____ M _____

Address _____ City: _____ State _____ Zip _____

D.O.B. _____ Telephone: _____ Cell: _____ Work: _____

Sex: _____ Height in inches: _____ Weight in pounds: _____

Insurance Name: _____ ID # _____ Grp # _____

SYMPTOMS

☐	Apnea (witnessed)	☐	Excessive Daytime Sleepiness	☐	Frequent arousals
☐	Snoring	☐	Hypertension	☐	Mood Disorders depression/anxiety
☐	Restless Leg Symptoms	☐	Insomnia	☐	History of Seizures
☐	Cognitive Function Delay	☐	Cardiac Arrhythmia	☐	Dry, Red, Irritated Eyes
☐	Acting out Dreams	☐	History of stroke	☐	Ocular disease
☐	Acting out Dreams	☐	Chronic need for opiate medication w/ no alternative medication		

Other:

PLEASE CHECK THE TESTING REQUESTED

***** Authorized use of supplemental oxygen during in facility sleep testing per lab policy and procedure*****

☐ **IN-FACILITY COMPLETE SLEEP TESTING**
95810 /95811

- ☐ PLEASE SPLIT if patient meets criteria; otherwise schedule the patient for a titration study.
- ☐ HOME SLEEP TESTING followed by AUTO CPAP titration may be substituted for those patients who meet the insurance and clinical criteria for this protocol and prefer this option.

**** (Some insurance companies will ONLY authorize this type of testing) ****

☐ **IN-FACILITY DIAGNOSTIC POLYSOMNOGRAM ONLY**
95810

☐ **IN-FACILITY PAP TITRATION ONLY**
95811

- ☐ The pt. has had a previous positive diagnostic study and needs a PAP titration
- ☐ The pt. is currently on PAP therapy but continues to be symptomatic and needs re-titration.

☐ **HOME SLEEP TESTING ONLY**
G0399 / 95806

☐ **NOCTURNAL PULSE OXIMETRY**
94762

- ☐ The patient has suspected nocturnal hypoxemia.
- ☐ The patient is currently on PAP and needs to confirm adequate SpO2.

****WE WILL NEED A COPY OF THE PROGRESS NOTES FROM THE FACE TO FACE VISIT****

Provider Name		***Provider NPI #***	
Provider Signature:		***Date and Time:***	
Provider Phone:		***Provider Fax:***	