neuro SYNCHRONY | Sleep Disorders Neuroscience

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Phone: (352) 404-8428
Email: info@neuro-synchrony.com
Please fax to (833) 978-0884

PHYSICIAN DIRECT REFERRAL FORM FOR SLEEP DISORDERS

PATIENT INFORMATION

Name:	Gender ☐ M ☐ F	DOB:
Home Address:		Phone:
Insurance:		Policy Number:
Emergency Contact:		Phone:

SERVICE REQUESTED

☐ Sleep Medicine Consultation (95810/95811)	☐ Sleep Testing Only (95810/95811)	☐ Home Sleep Apnea Testing (HSAT) (95800)
☐ CPAP/Bilevel Titration Study (95811)	☐ Maintenance of Wakefulness Test (MWT) (95805)	☐ Multiple Sleep Latency Test (MSLT) (95805)

REASON FOR TESTING

☐ Sleep Apnea, suspected (G47.30)
☐ Obstructive Sleep Apnea, previously diagnosed (G47.33)
☐ Central Sleep Apnea, primary (G47.31)
☐ Restless Legs Syndrome (G25.81)
☐ Periodic Limb Movement Disorder (G47.61)
☐ Narcolepsy with Cataplexy (G47.411)
☐ Narcolepsy without Cataplexy (G47.419)
☐ Insomnia, unspecified (G47.00)
☐ Insomnia (F51.01)
☐ Parasomnias, unspecified (G47.50)
☐ Primary Hypersomnolence (F51.11)
☐ REM Behavior Disorder (G47.52)
☐ Snoring (R06.83)
☐ Seizures, unspecified (G40.89)
☐ Other _____

SLEEP RELATED COMPLAINTS

☐ Snoring
☐ Witnessed Apnea
☐ Excessive Sleepiness
☐ Daytime Fatigue
☐ Difficultly Initiating and Maintaining Sleep
☐ Frequent Nocturnal Arousals
☐ Restless leg sensations or kicking
☐ Seizures
☐ Obesity
☐ OSA associated medical problems
☐ Preoperative screening for OSA
☐ Other _____

Please fax this form to **(866) 984-4064** prior to scheduling the patient's sleep study and include:

- ☐ Written order for the Sleep Apnea Testing with appropriate indications
- ☐ Patient demographics, history, and most recent physical (include height, weight, BMI, and neck circumference)
- ☐ Sleep history, including the Epworth Scale and the Stop Bang Questionnaire
- ☐ Current list of medications and allergies
- ☐ Copies of insurance or Medicare/Medicaid cards
- ☐ Prior authorization number and copy of approval letter from insurance provider

Ordering Physician:	Specialty:	NPI:
Office Phone:	Office Fax:	Email:
Physician Signature:		Date: