



– PLEASE PRINT OR TYPE –

Date: _____ Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Male Female

Street Address: _____ Cell Phone: _____

City/State/Zip: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Referring Physician

Name: _____ Office Phone: _____

Diagnosis/Indication: _____ Fax Number: _____

Insurance Information

Primary: _____ Subscribers's Name: _____

Pre-certification Information: _____ Secondary Insurance: _____

FOR A SLEEP CONSULTATION, CHECK (✓) THE DESIRED PHYSICIAN:

- Dr. Joseph Ojile / Dr. Kirk Nelson
 Dr. Daniel Wagner
 Dr. Gihan Kader
 Dr. Venkat Rao
 Dr. Gary Marklin / Dr. Greg Becker / Dr. Shyam Ivaturi
 First Physician Available

No further orders needed, the sleep physician will order sleep study if needed.

Physicians ordering Sleep Studies without a SLEEP CONSULTATION must provide a detailed SLEEP HISTORY & PHYSICAL and provide all patient follow-up to meet Medicare & American Academy of Sleep Medicine requirements.

- Polysomnography (PSG) – Split Night**
 If the patient has an Apnea Hypopnea Index greater than or equal to 15 events/hour in the **first few** hours of recording time, then the patient will be treated with PAP therapy and the equipment ordered the next business day.
- PSG with PAP Titration Study** – The patient must have qualified for PAP therapy from a previous PSG.

Special Instructions: _____

Physician Name: _____

Physician Signature: _____ Date: _____ Time: _____



10020 Kennerly Road • St. Louis, MO 63128

314.525.7280 Fax: 314.525.1329

– Accredited by the American Academy of Sleep Medicine –

**Sleep Disorder Center
 PHYSICIAN DIRECT ORDERS**