



Four locations in Maryland and Virginia

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Patient Name: _____ Date of Birth: _____
Phone #'s: (H) _____ (W) _____
Address: _____
Insurance: _____
Policy ID: _____ Group # _____
Primary Care: _____ Ph: _____

Service Order:

RAPID SERVICE: Diagnostic PSGs; Titration PSGs and Order DME (as clinically indicated)

Initial Diagnostic Polysomnogram (PSG):

Multiple Sleep Latency Test (MSLT)

Maintenance of Wakefulness (MWT)

Initial Titration CPAP/BiLevel PSG:

SPLIT Night : min. 2 hr PSG, RDI ≥ 20 events/hr to initiate CPAP titration.

Order DME (Durable Medical Equipment) (per patient's freedom of choice)

Consultation with Sleep Specialist

Symptoms:

- Witnessed Apnea Hypertension Loud Snoring Morning Headaches
Restless Sleep Obesity Insomnia Excessive Daytime Fatigue
Other

Suspected

- Obstructive Sleep Apnea Narcolepsy Restless Sleep

Diagnosis:

- Parasomnia Insomnia Other: _____

Physician Name: _____
Physician Address: _____
Physician Phone _____ Email _____ Fax#: _____

History & Physical Information Attached

Physician Statement: This patient's history & physical have been reviewed and I find this service to be medically necessary.

Physician Signature: _____ Date: _____