



# DURANT SLEEP DIAGNOSTICS

208 W Evergreen Street Durant OK 74701

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## SLEEP LAB ORDER FORM

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORDERING PHYSICIAN NAME: \_\_\_\_\_

Height: \_\_\_\_\_ (in) Weight: \_\_\_\_\_ (lbs)

### Diagnostic Orders:

\_\_\_\_\_ Evaluate and Treat (CPT 95810 & 95811)

Polysomnogram with 2nd night CPAP Titration if indicated

\_\_\_\_\_ Polysomnogram (PSG) (CPT 95810) 1st Night Diagnostic Study for Evaluation Only

\_\_\_\_\_ CPAP/BIPAP Titration (CPT 95811) 2nd Night Titration following Diagnostic Study w/ dx of OSA

\_\_\_\_\_ Follow-Up CPAP Titration (CPT 95811) for patient currently using CPAP therapy

\_\_\_\_\_ Split Night Study (CPT 95811) Initial Diagnostic period followed by CPAP titration for RDI>40

### Physician Signature & Certification:

I, the undersigned, certify that I am the patient's treating physician and that the information contained on this form is based on a face-to-face office visit. The ordered testing is medically necessary based on the patient exhibiting the symptoms noted.

MD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NPI: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

(Stamped dates/signatures not valid. Must be signed by Physician/PA/NP)

### DIAGNOSIS CODES

\_\_\_\_\_ G47.33 OSA witnessed breathing pauses during sleep

\_\_\_\_\_ G47.10 Excessive Daytime Sleepiness/ Hypersomnia

\_\_\_\_\_ G47.00 Insomnia of unknown etiology

\_\_\_\_\_ G47.419 Narcolepsy - daytime sleepiness attacks

\_\_\_\_\_ G47.30 Insomnia with apnea

\_\_\_\_\_ G47.61 Periodic Limb Movements during sleep

\_\_\_\_\_ G25.81 Restless Legs while falling asleep

\_\_\_\_\_ R06.83\* Loud or disruptive snoring

\_\_\_\_\_ R40.0\* Somnolence or Drowsiness

\_\_\_\_\_ R53.83\* Fatigue or Malaise

\_\_\_\_\_ E66.9\* Obesity

\_\_\_\_\_ E66.01\* Morbid Obesity

\_\_\_\_\_ G47.26\* Shift Work

\*Must include a primary diagnosis.

### FAX or EMAIL ORDER with:

**1. Patient demographics and insurance**

**2. Physician's Face to Face Notes**

fax 580-924-3904 (or)

email: [sleep@durantsleepdiagnostics.com](mailto:sleep@durantsleepdiagnostics.com)

*\*both are HIPAA compliant \**