



www.CarolinasSleepSpecialists.com  
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## **SLEEP EVALUATION REQUEST**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

- Consult - Schedule a clinical consultation.**
- PSG - Diagnostic PSG Sleep Study (95810).**  
 **Automatically schedule clinical sleep medicine consultation if AHI is 5 or greater (positive for OSA).**  
We will contact the patient to schedule the appointment and discuss the results with them in detail.
- Automatically schedule a CPAP titration if the AHI is 5 or greater.**  
We will send the referring physician the PSG report and contact the patient to schedule the CPAP titration.
- CPAP - Treatment PSG with CPAP/BiPAP Titration (95811).**
- Split - Diagnostic/Treatment combined Sleep Study (95811).** (if criteria met and sufficient time)
- HST (Home Sleep Test) (95806)**  1 night or  2 night
- Other:** (circle one) **MSLT** (w/PSG) **MWT**

Indications: \_\_\_\_\_

**Hypersomnia G47.10 Sleep Apnea G47.33 Sleep Disturbance G47.9 Other:** \_\_\_\_\_

***NOTE:** For most patients, deductibles do not apply to our sleep studies.  
Our average insured patient's total out-of-pocket expense is less than \$100.*

### **ORDERING PHYSICIAN INFORMATION**

**\*\* Please send a copy of the insurance card, demographics and the last few clinical notes \*\***

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_