

Freedom Diagnostic Services

SLEEP LAB

1288 W. Main St., Ste 200

Lewisville, TX 75067

Phone: 972-221-1212

FAX ORDERS TO 972-221-8252

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Insurance: _____ ***PLEASE ATTACH PT DEMOGRAPHICS

_____ **Polysomnogram (PSG):** Diagnostic Study (CPT 95810). In severe cases, split night study will be performed. If patient is diagnosed with sleep apnea, titration study will be scheduled. If insurance denies coverage for PSG, home sleep study will be scheduled.

_____ **CPAP Titration** Patient has undergone a previous sleep study and has met criteria for titration: (CPT 95811)

_____ **Home Sleep Study** (CPT 95806)

_____ **Titration Pressure Check**—For patients who remain symptomatic, already on PAP: (CPT 95811)

_____ **Home Study** (95806) diagnosis of OSA

_____ **PULMONARY REHAB**

Diagnosis: Sleep Apnea (G47.33) _____ Other: ICD10: _____

PLEASE ATTACH FACE-TO-FACE CHART NOTES WITH ORDER

Ordering Provider:

Signature: _____

Address:

NPI

Phone:

Fax: