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**SLEEP STUDY REQUEST FORM**

**Patient Information:**Name:       Date of birth:
Home Phone:       Cell Phone:       Gender: [ ]  M [ ]  F

**Ordering Physician Information:**
Requesting Physician:
Phone:
Fax :       NPI:

**Study Requested:**[ ]  PSG (monitoring only) [ ]  Split-Night [ ]  PAP Titration [ ]  Home Sleep Test (HST)

[ ]  ASV [ ]  Oxygen Titration [ ]  Dental Appliance Efficacy Study [ ]  MWT

[ ]  MSLT (includes PSG night prior) [ ]  ETCO2 monitoring (can be added to any adult study; will ALWAYS be included on pediatric studies (per AASM requirements).

Other

**Diagnosis(es) (check all that apply):**

[ ]  OSA [ ]  Restless legs [ ]  Parasomnias [ ]  Narcolepsy

[ ]  Excessive Daytime Sleepiness [ ]  Snoring [ ]  Shiftwork [ ]  Insomnia

Other

**If you would like Piñon Sleep Healthcare to provide continued care in Sleep Medicine, follow-ups, compliance, any sleep results (sleep provider consulted) please check here** **[ ]**

**If you would prefer to go over results and order any recommended DME (PAP, etc.) for your patient (no sleep provider consultation), please check here** **[ ]**

Please Fill Out Form In Its Entirety And Fax To (505) 787-2668

904 E. 20th St. Unit C Farmington, NM 87401 Phone: 505-787-2680 l Fax: 505-787-2668