**A close-up of a logo

Description automatically generated**

**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