



SLEEP DIAGNOSTIC SERVICES  
Sleep. Health. Life.

**ORDER FOR  
PEDIATRIC  
SLEEP STUDY**

**Please complete in full and fax to  
(800)-317-5343**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Diagnosis Code (must be filled out): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Employer: \_\_\_\_\_

ID #: \_\_\_\_\_ Group:#: \_\_\_\_\_

Insured Name: \_\_\_\_\_

\_\_\_\_\_ Baseline Polysomnography (CPT 95810 or 95782) – Diagnostic Only

\_\_\_\_\_ Baseline Polysomnography (CPT 95810, 95782) Possible Split Study if patient meets protocol then a CPAP (CPT 95811, 95783) will be performed.

**IMPORTANT NOTE:**

*The most recent clinic note is **REQUIRED** with this order*

\_\_\_\_\_ CPAP (CPT 95811 or 95783) \_\_\_\_\_ Bipap Titration (CPT 95811 or 95783)

Ordering Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

After contacting the patient, we will notify you of the appointment date. We will send all test preparation information to the patient.

**THANK YOU-WE APPRECIATE THE REFERRAL**

*If you have any questions about scheduling, please  
contact us at (800) 317-3600.*