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Accredited by the American Academy of Sleep Medicine

Sleep Study Order Form

Please Fax Signed Sleep Study Order Form with Patient Demographic Info, Chart Notes, and Insurance Cards

Patient Name: _____ DOB: _____

Phone: _____ Alternate Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Height: _____ Weight: _____ Patient Gender: _____

■ Consultation with Dr. Vikas Sayal for Sleep Apnea

- ☐ Diagnostic Sleep Study Only (PSG) 95810
- ☐ PAP Titration Study 95811
- ☐ Split Night Study 95811 (PSG/PAP with >15 AHI in first 2hrs of sleep time)
- ☐ Home Sleep Study (HST) 95806

Please Mark All that Apply

- | | |
|---|---|
| ■ OSA G47.33 | <input type="radio"/> Excessive Daytime Sleepiness G47.10 |
| <input type="radio"/> A-Fib I49.91 | <input type="radio"/> Fatigue R53.83 |
| <input type="radio"/> AM Headaches R51 | <input type="radio"/> GERD K21.9 |
| <input type="radio"/> Asthma J45.998 | <input type="radio"/> Hypertension I10 |
| <input type="radio"/> Central or Complex Sleep Apnea G47.31 | <input type="radio"/> Insomnia G47.00 |
| <input type="radio"/> CHF/HX Heart Disease I50.9 | <input type="radio"/> Nocturnal Hypoxia G47.36 |
| <input type="radio"/> COPD J44.9 | <input type="radio"/> Obesity E66.9/E66.01 |
| <input type="radio"/> Diabetes E11.9 | <input type="radio"/> SOB R06.02 |
| <input type="radio"/> Emphysema J43.9 | <input type="radio"/> Snoring R06.83 |
| | <input type="radio"/> Stroke/TIA I63.5/G45.9 |
| | <input type="radio"/> Witnessed Apnea G47.30 |

Other: _____

Physician Signature: _____ Date: _____

Thank you for your referrals!
Please Fax To: 702-608-4977