



Sleep Study Order

Improving Sleep Health For Over 25 Years!



Southern Nevada

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Northern Nevada

10655 Professional Circle, Suite B Reno, NV 89521 Phone: (775) 851-8282 Fax: (775) 851-8288

Patient Name: _____ D.O.B.: _____ Date: _____

Phone Number: _____ Height: _____ Weight: _____

REFERRAL REQUEST

- Home Sleep Test
- Pediatric In-Lab
- Adolescent Home Sleep Test Age 14+ BMI 27+
- In-Lab Diagnostic, CPAP or Split Night Study
- Home Sleep Test for Patients on CPAP
- (OPO) Overnight Pulse Oximetry with Sleep Health Summary
- CPAP Therapy Analysis

Special Instructions: _____

MEDICAL NECESSITY - PATIENT SYMPTOMS

- Severe Fatigue/ Somnolence
- Excessive Daytime Sleepiness
- Witnessed Apnea
- Morning Headaches
- Falling Asleep at Work
- Falling Asleep in a Car
- Cognitive Dysfunction
- Abnormal OPO

www.nevasleep.com

FAX THIS FORM WITH:

- Clinical notes that support medical necessity
- Copy of insurance card and demographics
- Copy of most recent sleep study if not conducted by NSD

Doctor's Signature

Contact Person's Name

Doctor's Printed Name & N.P.I.

Phone No. EXT/FAX No.