Sleep Study Order

Improving Sleep Health For Over 25 Years!

Southern Nevada

2911 N. Tenaya Way Ste 100
Las Vegas, NV 89128

7455 Arroyo Crossing Pkwy Ste 220
Las Vegas, NV 89113

Phone: (702) 990-7660
Fax: (702) 990-7665

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
- ☐ Falling Asleep at Work
- ☐ Falling Asleep in a Car
- ☐ Morning Headaches
- ☐ Cognitive Dysfunction
- ☐ Abnormal OPO
- ☐ Other: _____

NATIONAL Home Sleep Testing

www.nevadasleep.com

The Joint Commission

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.