



2046 Forest Lane, Ste. 110, Garland, TX 75042 • 2698 N Galloway, Ste. 104, Mesquite, TX 75150
 Phone 1.866.511.5678 • Fax 1.866.850.5193 • www.sleeptrendscenters.com

Sleep Referral Form

Date: _____

Patient Information

Patient Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home #: _____
 Work #: _____
 SSN: _____ DOB: _____

Insurance Information

Carrier: _____
 Telephone: _____
 Group No.: _____
 ID No: _____
 Person Insured: _____
 Insured SSN: _____
 Insured DOB: _____

Clinical Observations

High Blood Pressure	Nasal Obstruction	Daytime Drowsiness
Obesity	Septal Deviation	Loss of Energy/Fatigue
Enlarged Neck Circumference	Turbinate Hypertrophy	Short Temper/Irritability
Enlarged Tonsils	Heavy snoring	Forgetfulness
Crowded Hypopharynx	Snoring Interrupted by silence, then gasps	Morning Headaches
Retrognathia	Witness Apneas	Frequent Napping
Enlarged Tongue	Restless Sleep	Anxiety/Depression

Study Ordered

Evaluate and Perform Sleep Studies (if required)			
Polysomnogram (Diagnostic Sleep Study) Only	95810	Split Night Study	95811
PSG/CPAP (2 night protocol)	95810 & 95811	PSG/Multiple Sleep Latency Test	95810 & 95805
CPAP Titration Only	95811	Maintenance of Wakefulness Test	95805

Special Instructions

Oxygen – Yes ___ No ___ Flow/% ___
Please Specify:

I authorize Sleep Trends Diagnostic Centers to perform sleep studies on the above patient according to their protocol, including the urgent initiation of CPAP and oxygen, should it be necessary.

Primary Care Physician: _____

Ordering Physician (if different from above): _____

Address: _____ Telephone: _____
(Street) (City) (State) (Zip) Fax: _____

Physician Signature (Required): _____ **Date:** _____