



# Sleep Centers

2430 W Horizon Ridge Pkwy Henderson, NV 89052  
Ph. (702) 247-9994 Fax (702) 651-9995

Referring Physician Name \_\_\_\_\_

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

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

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Insurance \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary \_\_\_\_\_ Policy # \_\_\_\_\_

## STUDY ORDERED

95810	Diagnostic Sleep Study – First Night
95811	If positive for Sleep Apnea please immediately schedule for CPAP titration- Second Night
95811	CPAP Titration Study – Second Night
95811	CPAP/BIPAP Titration Study – Second Night
95811	Split Night Study – Poly/CPAP Titration (Only if > 15 AHI in the first 2-3 hours of sleep time)
95805	Multiple Sleep Latency Test (MSLT) following a Diagnostic Sleep Study

Height \_\_\_\_\_ Weight \_\_\_\_\_

## SYMPTOMS

Witnessed Apnea	Neck Size greater than 16"
Excessive Daytime Sleepiness / Fatigue	Trouble Maintaining Sleep
Snoring	Restless Sleep
Hypertension	Shortness of Breath
Obesity / Increased Weight Gain	History of Heart Disease
Feeling of Gasping / Choking	Enlarged Tonsils / Uvula
Trouble Falling Asleep / Insomnia	Depression