

# San Antonio Sleep Centers

- SINCE 1993 -

Northeast Methodist Hospital • Metropolitan Methodist Hospital • Christus Westover Hills Hospital • Christus New Braunfels Hospital  
North Central Baptist Hospital • Northeast Baptist Hospital • Brooks City Base • Stone Oak • Medical Center

## SLEEP REFERRAL FORM

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (Cell)

Diagnosis: • **Obstructive Sleep Apnea** (G47.33) • **Sleep Apnea, Unspec.**(G47.30) • **Hypersomnia, Unspec.**(G47.10) • **Parasomnia, Unspec.**(G47.50)  
(Circle)

• **Periodic Limb Movement Disorder**(G47.61) • Other: \_\_\_\_\_

### PHYSICIANS ORDERS

Refer patient to the interpreting physician for results.

\_\_\_\_\_ **95810** Baseline polysomnogram (6yrs or older)

\_\_\_\_\_ **95811** Polysomnogram (6yrs or older) with Pap Titration \_\_\_\_\_ PAP \_\_\_\_\_ BIPAP \_\_\_\_\_ Auto SV

\_\_\_\_\_ **95810 / 95811** 2-night protocol: 1<sup>st</sup> night Polysomnogram (Baseline sleep study without PAP)  
2<sup>nd</sup> night PAP Titration (if clinically indicated from PSG)

\_\_\_\_\_ **95810/95811** Split-night Sleep Study with Baseline & PAP Titration (Per AASM split-night criteria)

\_\_\_\_\_ **95782** Pediatric Polysomnogram (5yrs or younger)

\_\_\_\_\_ **95783** Pediatric Polysomnogram (5yrs or younger) with PAP Titration

\_\_\_\_\_ **G0398 / G0399 / 95806** Home Study, Unattended baseline sleep study.

\_\_\_\_\_ **95810/ 95805** Polysomnogram followed by Multiple Sleep Latency Test (MSLT-Per AASM criteria)

\_\_\_\_\_ **Other, please specify:** \_\_\_\_\_

Set Up: • Pap • BiPap • ASV • Auto pap AT \_\_\_\_\_  
Pressure

**PHYSICIAN'S OFFICE:** Please complete the following information to insure the prompt scheduling and reporting of results for your patient.

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Physician NPI

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Contact Person & Phone

\_\_\_\_\_  
Physician Fax Number



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