

Southern California Sleep Disorders Specialists

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SLEEP EVALUATION REQUEST

PATIENT NAME: _____

PATIENT ADDRESS: _____

PATIENT CONTACT: HOME _____ WORK _____ CELL _____

Consultation with an Accredited Sleep Physician Initial consultation CPT #99244 Follow up CPT #99214
Complete consultation with board certified sleep physician for all sleep/wake disorders.

Polysomnography (PSG) *Baseline Study* CPT #95810

An overnight sleep study in which there is continuous monitoring of the following:
Electroencephalogram, electrooculogram, submental electromyogram, body position, movement,
Electrocardiogram, oxygen saturation (pulse oximetry), nasal/oral airflow, chest and abdominal
movement, anterior tibialis electromyogram.

Continuous Positive Airway Pressure (CPAP) *Therapy Study* CPT #95811
Prescribed for a second night Polysomnography after a positive diagnosis of Obstructive Sleep Apnea.

Split-Night *Combination of Diagnostic and Treatment Study* CPT #95811
CPAP treatment is initiated after a period of baseline recording indicates the patient meets
CPAP initiation protocol requirements.

Multiple Sleep Latency Test (MSLT) *Daytime Study* CPT #95805

A series of naps performed during the day following a polysomnogram, for patients with symptoms of
unexplained daytime somnolence. An MSLT is also diagnostic for Narcolepsy.

Portable Home Sleep Test (HST) CPT #95806

An unattended sleep recording, in the patient's home using AASM approved equipment, measuring patient's heart rate,
oxygen saturation, respiratory effort and ECG, snoring.

PLEASE BE SURE TO FAX AN H & P, INSURANCE CARD, AUTHORIZATION FORM OR NUMBER WITH THIS
ORDER FORM. THANK YOU.

PHYSICIAN SIGNATURE: _____

PRINT PHYSICIAN NAME: _____ SPECIALTY: _____

TEL NUMBER: _____ FAX NUMBER: _____

OFFICE CONTACT PERSON: _____