

Please mark the appropriate facility for your patients' sleep study.

- Midtown Tulsa**  
2651 E. 21st Street, Suite 400, Tulsa, OK 74114
  - South Tulsa**  
4735 E. 91 St. South, Suite 100, Tulsa, OK 74137
  - Bailey Medical Center**  
10502 N. 110th East Ave, Owasso, OK 74055
- Phone** 918-728-3353  
1-877-81 SLEEP (7-5337)  
**Fax** 918-728-3307

**Patient's information**

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work/other phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Marital status:  M  S Sex:  M  F

**Referring provider's information**

Person completing form: \_\_\_\_\_

Referring physician's name: \_\_\_\_\_ NPI number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Insurance information**

**Please fax enlarged copy of front and back of insurance card**

Insurance company name: \_\_\_\_\_ Policy/ID: \_\_\_\_\_ Group: \_\_\_\_\_  
 Customer service/benefits phone: \_\_\_\_\_ Policy holder: \_\_\_\_\_ DOB: \_\_\_\_\_

**Indications**

**The sleep related complaints or diagnoses include:**

- |                                                                   |                                                                                |                                                                                |                                                                         |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Sleep apnea, obstructive (327.23)        | <input type="checkbox"/> Sleep related movement disorder, unspecified (780.58) | <input type="checkbox"/> Insomnia with sleep apnea, unspecified (780.51)       | <input type="checkbox"/> Diabetes (250.00)                              |
| <input type="checkbox"/> Sleep apnea, unspecified+ (780.57)       | <input type="checkbox"/> Morbid obesity (278.01)                               | <input type="checkbox"/> Epilepsy/recurrent seizures (345.80)                  | <input type="checkbox"/> Hypertension, unspecified (401.9)              |
| <input type="checkbox"/> Hypersomnia, non-organic origin (307.43) | <input type="checkbox"/> Narcolepsy (347.0)                                    | <input type="checkbox"/> Circadian rhythm sleep disorder, unspecified (327.30) | <input type="checkbox"/> CHT, unspecified (428.00)                      |
| <input type="checkbox"/> Period limb movement disorder (327.51)   | <input type="checkbox"/> Parasomnia, organic+ (327.40)                         | <input type="checkbox"/> Snoring (786.09)                                      | <input type="checkbox"/> Nocturia (788.43)                              |
|                                                                   | <input type="checkbox"/> Insomnia (307.42)                                     |                                                                                | <input type="checkbox"/> Cerebral artery occlusion, unspecified (434.9) |

Epworth Score: \_\_\_\_\_ Berlin questionnaire positive?  Yes  No

Additional information to justify the sleep study ordered: \_\_\_\_\_

**Referring provider's orders**

**The following selected procedure is ordered:**

- 95810 Attended comprehensive sleep testing (Includes pre-study and/or post-study consultation with sleep specialist at Noctura Sleep Clinic and the ordering of treatment as needed)** If criteria are met for split night titration (AHI ≥ 40 or AHI ≥ 20 if appropriate co-morbid risks are present and at least two hours of sleep during diagnostic recording) or if emergency guidelines of the supervising physician are met, a split night titration (95811) is ordered. If criteria for split night titration are not met, a polysomnogram (1st night) (95810) is ordered. If the polysomnogram (1st night) is positive for sleep apnea, a CPAP titration (2nd night) (95811) is ordered. If the polysomnogram is negative for sleep apnea and the patient is being evaluated for excessive daytime sleepiness, a multiple sleep latency test (95805) is ordered. If the patient meets criteria for CPAP/BiLevel PAP treatment, I authorize Nocturna Sleep Therapy in initiate CPAP/BiLevel PAP therapy.
- 95810 Diagnostic sleep study (Polysomnogram)**  
A CPAP titration (95811) is ordered if emergency guidelines of supervising physician are met.  
 If the Polysomnogram is positive for sleep apnea, A CPAP titration (2nd night) (95811) is ordered.
- 95811 Nasal CPAP titration study**
- 95805 Multiple sleep latency test (MSLT)**
- 95811 CPAP re-titration study**
- Other (describe):** \_\_\_\_\_

**Please fax: (1) recent office notes with clinical indication; and (2) copy of insurance cards(s)**

Ordering physician's signature \_\_\_\_\_ Date \_\_\_\_\_

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 Home phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

DOB: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Marital status:  M  S Sex:  M  F

**Please fax this page to  
 918-728-3307  
 for additional referral pads.**

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**Physician's office**

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**Phone**

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**Contact person**

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**Referring provider's information**

Referring physician's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

NPI number: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Group: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Insurance information**

Insurance company name: \_\_\_\_\_  
 Customer service/benefits phone: \_\_\_\_\_

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**Referring provider's orders**

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- 95810 Attended comprehensive sleep testing (Includes pre-study and/or post-study consultation with sleep specialist at Noctura Sleep 95811 Clinic and the ordering of treatment as needed)** If criteria are met for split night titration (AHI ≥ 40 or AHI ≥ 20 if appropriate co-morbid risks are present and at least two hours of sleep during diagnostic recording) or if emergency guidelines of the supervising physician are met, a split night titration (95811) is ordered. If criteria for split night titration are not met, a polysomnogram (1st night) (95810) is ordered. If the polysomnogram (1st night) is positive for sleep apnea, a CPAP titration (2nd night) (95811) is ordered. If the polysomnogram is negative for sleep apnea and the patient is being evaluated for excessive daytime sleepiness, a multiple sleep latency test (95805) is ordered. If the patient meets criteria for CPAP/BiLevel PAP treatment, I authorize Nocturna Sleep Therapy in initiate CPAP/BiLevel PAP therapy.
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