



Patient Referral Form

Thank you for choosing OSAinHomeSM for your patient's sleep-related issue. Our program provides complete diagnosis and treatment for obstructive sleep apnea in the convenience and comfort of your patient's home. Once we receive the required documentation, our staff will be in contact your patient throughout the process. Reports of progress will be sent to your office to keep you informed of your patient's care every step of the way. If you have questions, please call us at (615) 427-4228.

Patient Name: _____ Date of Birth: _____

Address: _____

City, State & Zip: _____

Primary Phone: _____ Cell Phone: _____

Email Address (Required): _____ SSN: _____

Primary Insurance: _____ ID No: _____

Secondary Insurance: _____ ID No: _____

Referring Physician: _____ Physician NPI: _____

Office Location: _____

Location Phone: _____ Location Fax: _____

SLEEP STUDY ORDER

Complete this Sleep Study Order only if you would like your patient to have a home sleep apnea test immediately. If you would like your patient to have a consultation with one of our providers first, simply leave this Sleep Study Order blank.

Home Sleep Study (95800)

DIAGNOSIS ICD and Description

ORDER Justification (For Insurance Purposes):

G47.33 Possible
Obstructive Sleep Apnea

- | | |
|----------------------|-------------------------|
| Cardiovascular | BMI > 30 |
| Disease (Any Type) | Snoring |
| Diabetes/Insulin | Fatigue/Sleepiness |
| Resistance | Side Sleeper |
| Hypertension | Witnessed Apnea or |
| Cognitive Impairment | Gasping during sleep |
| Mood Disorders | Use of Alcohol, |
| Erectile Dysfunction | Sedatives, or Pain Meds |
| Nocturia | Other _____ |

Additional Instructions: _____

Ordering Provider Name: _____ Signature: _____

(please print)

Previous Sleep Study (Required if patient has had a previous sleep study)

My patient has had a previous sleep study. I have included a copy of the results with this form.

Please FAX completed form, latest progress note, and insurance card to:

615-893-4821