ima **Sleep Disorders Center**
125 E. Baker Ste #110 Costa Mesa, CA 92626
Tel: 714-979-2581 Fax: 714-979-2584

SLEEP STUDY (POLYSOMNOGRAM) REQUEST

PATIENT INFORMATION

Last Name _____ First Name _____ Date _____

Date of Birth _____ Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

REASON FOR SLEEP STUDY

- ☐ Insomnia
- ☐ Narcolepsy
- ☐ Sleep Walking
- ☐ Disturbed Sleep
- ☐ Snoring
- ☐ EDS
- ☐ Sleep Talking
- ☐ Other
- ☐ OSA
- ☐ RLS
- ☐ PLM

PATIENT CLINICAL INFORMATION

- ☐ Hypertension ☐ Arrhythmia ☐ CHF
- ☐ Patient Requires Oxygen flow @ _____ LPM
- ☐ Current Meds: _____

Know Allergies: _____

STUDY ORDERED

- ☐ Diagnostic Baseline Sleep Study Only (PSG)
- ☐ Split Night/PSG + CPAP
- ☐ PSG + MSLT (MWT)
- ☐ CPAP Titration Only
- ☐ Comment

REFERRING PHYSICIAN INFORMATION

Name _____ Phone _____ Fax _____ _____

Address _____ City _____ State _____ Zip _____

Specialty _____ License # _____ UPIN # _____ Office Contact _____

REFERRING PHYSICIANS OFFICE

We will be happy to assist you in obtaining insurance pre-authorization for this testing. Please fax us a copy of:

1. Prescription - Dr Orders
2. A copy of the patient's insurance card. (Front and Back)
3. Patient demographics, date of birth, address, phone number…..etc.
4. Fax to: **714-979-2584**