sleeptopia
DON'T IGNORE THE SNORE

Phone: (833) 256 - 0722
Fax: (888) 510 - 0314

Home Sleep Test Order Form

Sleeptopia HST devices monitors and records 7 channels: Pressure Flow, Body Position, Thoracic Effort, Pleth, Pulse Rate, Snore, Sp02

Patient Name: _____ DoB (MM/DD/YYYY) : ____/____/____

Prescription RX

(On Room Air unless specified below)

✓ **Home Sleep Test For:** ☐ *One (1) Night* ☐ *Two (2) Nights*

Other Testing Options:

Home Sleep Test On: ☐ Dental Appliance ☐ PAP Therapy ☐ Supplemental O2

Diagnosis Codes

- ☐ Excessive Daytime Sleepiness/Fatigue (EDS G47.10)
- ☐ Obstructive Sleep Apnea (G47.33)
- ☐ Witnessed Apneic Events (G47.30)
- ☐ Sleep Apnea, Unspecified (G47.30)
- ☐ Other Additional Codes (Optional): _____

Dispense as checked/written

Physician Name: _____ NPI (optional): _____

Physician Signature: _____ Date: _____

To ensure no delay in service, please include:
1. This order form 2. Patient Demographics 3. Chart notes of Visit

Thank you for your Referral!

NPI: 1063753457