JACINTO SLEEP EVALUATION CENTER
910 N. Highway 146, Baytown, TX 77521
Phone: 832-855-3700, Fax: (281) 425-3885

ACCREDITED Facility Member™

PATIENT REFERRAL FORM

PATIENT DETAILS

Name _____ **DOB:**_____
Last First Middle

Address _____
Street City State Zip

Phone _____ Alt Phone _____ Work Phone _____

Social Security # _____ Sex: ❑ Male ❑ Female

Referring Physician: _____Phone #:_____

Address: _____ Fax #:_____

TEST(S) ORDERED: (Please make a check by the test(s) ordered)

_____One night Polysomnogram (PSG) Diagnostic Study (CPT Code: 95810)
(If patient exhibits severe sleep disordered breathing e.g. severe oxygen desaturations, or prolonged periods of apnea patient will be started on PAP (Positive Airway Pressure) therapy

_____Split night PSG with Positive Airway Pressure (CPAP) Titration Study (CPT Code: 95811)
(Pt will have a 2 hr. diagnostic study at which point, PAP (either CPAP or Bi-PAP will be initiated IF the patient meets criteria)

_____Full night CPAP Titration Study (CPT Code: 95811)
(Patient will have a full night of CPAP Titration)

_____CPAP Retitration for continuation of CPAP Treatment (95811)

_____Multiple Sleep Latency Test (MSLT) (CPT Code: 95805)

_____Maintenance Wakefulness Test (MWT) (CPT: 95805)

_____ EEG w/video (CPT 95951) - 13 Hours____ 48 Hours____ 72 Hours_____ 96 Hours _____

_____Routine EEG _____ Sleep Deprived EEG (CPT 95819) _____ **Home Sleep Study (HST)**

Reason for Study

G47.33- OSA _____ I10-Hypertension_____ G47.00-EDS____ R06.3-Snoring _____
E66.01-Obesity_____ R41.3-Memory Loss____ D47.411- Narcolepsy _____ wakes up gasping _____
F03.90-Dementia _____ Decreased Concentration ____ Disrupted Sleep ____ G20-Parkinson's ____
F90.0-ADD _____ F90.9-ADHD _____
G40.909-Epilepsy ____ R56.9-Seizures _____ Maintenance ____ OTHER _____

Insurance Information

Insurance Company:_____ Phone:_____
Network name: _____ Phone: _____
Name of Insured: _____ SS# of insured_____
Subscriber ID#_____ Group #_____

*****PLEASE ALWAYS ATTACH CLINICALS FOR PATIENT*****

PHYSICIAN ORDER: The performance of the above mentioned study is medically necessary, based on the ICD-10 Codes listed above.

_____ M.D. Date: _____