



610 N. Fayetteville Street, Suite 300, Asheboro, NC 27203

Phone (336) 633-4020 Fax (336) 633-4069

www.randolphpulmonaryandsleepclinic.com

randolphpulmonaryandsleep@gmail.com

SLEEP STUDY/CONSULT REFERRAL FORM

*Patient Name: _____ *DOB: _____

Patient Address: _____ SS #: _____

City/State/Zip: _____

*Home Phone # : (____) _____ Work/Cell Phone # : (____) _____

*Ordering Physician: _____, Contact Person: _____

*Ordering Facility: _____, *Contact Phone #: _____

PLEASE ATTACH COPY OF CARDS AND OFFICE NOTE ORDERING THIS STUDY.

***Primary Insurance:** _____ *Policy# _____

*Subscriber Name: _____ *Group #: _____

***Secondary Insurance:** _____ *Policy #: _____

*Subscriber Name: _____ *Group #: _____

Special Needs of patient: () Wheelchair () Oxygen () Other: _____

Details: _____

***SERVICE REQUESTED:** STAT? ☐

- ☐ Consult with Dr. Tanvir Chodri
- ☐ Routine overnight sleep study (polysomnography) and CPAP titration study, if needed.
- ☐ Routine overnight sleep study (polysomnography) only (CPT Code 95810)
- ☐ CPAP study retitration (or retitration) only (CPT Code 95811)
- ☐ MSLT (Mean Sleep Latency)
- ☐ MWT (Maintenance of Wakefulness)
- ☐ Split Night (If Patient Qualifies)
- ☐ Home Sleep Study (CPT Code 95806) and CPAP Titration, if needed.
- ☐ Other _____

***Reason for Study:** _____ OR check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Extended Daytime Somnolence | <input type="checkbox"/> h/o Narcolepsy | <input type="checkbox"/> Restless Leg Syndrome |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Pulmonary HTN | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Sleep Attacks | <input type="checkbox"/> Snoring | <input type="checkbox"/> h/o CHF |
| <input type="checkbox"/> h/o Obstructive Sleep Apnea | <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> HTN | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Nocturnal Seizures |

**Required*