

Sleep Disorders Center

501 South Union Avenue
 Havre de Grace, MD 21078
 Phone: 443-843-5145 Fax: 443-843-8703

Test Requisition Form

Date: _____

Patient Name: _____ Patient SS # _____

Address: _____

Patient Telephone #: _____

Physician _____ Physician Telephone #: _____

Physician Signature: _____

Please check the appropriate diagnosis:			Please check appropriate test:		
780.53	Sleep Apnea with Hypersomnia	<input type="checkbox"/>	95810	Overnight Polysomnogram	<input type="checkbox"/>
786.09	Snoring	<input type="checkbox"/>	95811	Overnight CPAP titration	<input type="checkbox"/>
780.54	Sleepiness, Excessive Daytime	<input type="checkbox"/>	95811	Overnight Split night PSG and CPAP titration	<input type="checkbox"/>
333.99	Restless Leg Syndrome	<input type="checkbox"/>	95805	Multiple sleep latency test	<input type="checkbox"/>
347	Narcolepsy/Cataplexy	<input type="checkbox"/>	95805	Maintenance of wakefulness test	<input type="checkbox"/>
780.50	Sleep Disturbance Unspecified	<input type="checkbox"/>	95810	Daytime PSG or CPAP study (for night shift workers)	<input type="checkbox"/>
307.42	Insomnia, Persistent	<input type="checkbox"/>	99245	Sleep Specialist Consultation	<input type="checkbox"/>
780.51	Insomnia with Sleep Apnea	<input type="checkbox"/>			
307.46	Somnambulism or night terrors	<input type="checkbox"/>			
307.47	Sleep stage dysfunction/arousals	<input type="checkbox"/>			
307.48	Repetitive intrusion of sleep	<input type="checkbox"/>			
333.2	Myoclonus, nocturnal	<input type="checkbox"/>			
	Other:	<input type="checkbox"/>			
	ICD-9 required				

Remarks: