SLEEP MEDICINE REFERRAL FORM

REMEDY MEDICAL SUPPLY, INC.
3717 E Thousand Oaks Blvd, Ste 212
805-267-1858
FAX TO (805) 435-0432

Referring Provider Information (*Please attach chart notes indicating medical necessity*)

Name: _____ Specialty: _____

Address: _____ City/State/Zip:_____

Office: (_____)_____ Fax : (_____)_____

NPI #: _____

Patient Information (Demo Sheet is acceptable) Medicare, Gold Coast, PPO and Cash Patients are accepted.

Name: _____ DOB: _____ Gender: M F (circle one)

Address: _____ City: _____ State: _____ Zip:_____

Phone: (_____)_____ Secondary #: (_____)_____ Email: _____

Primary Insurance: _____ ID #: _____

Secondary Insurance: _____ ID #: _____

Sleep Symptoms: (Check all that apply) (Please provide patient charts documenting all choices below)

O Snoring O Excessive Daytime Sleepiness O Witnessed Apneas O Waking up Gasping/Choking
O Narcolepsy O Insomnia O Parasomnia O Memory Loss O Non-restorative Sleep O Headaches

Significant Medical History: (Check all that apply) (Please provide patient charts documenting all choices below)

O Obesity: BMI > 30 O Neck Size > 17" (for men)/ 16" (for women) O Diabetes O Hypertension
O Heart Disease O Stroke O Pre-Op O Depression O COPD O GERD O Other_____

Service Requested: (Check all that apply) **Lab Preference** (If Applicable) **_____**

- O Sleep Consultation with a Board Certified Sleep Specialist for evaluation, diagnostic testing, and ongoing therapy management. (No Gold Coast)
- O PSG (Polysomnography) and Titration if needed – Overnight Sleep Diagnostic in lab with technician assistance. (Medicare, Gold Coast, PPO)
- O 50/50 Split Study – Half night diagnostic/Half night PAP titration (Attach Previous Test)
- O Titration PSG – Overnight in-lab study with PAP and/or other devices with technician assistance
- O MSLT/MWT – Multiple Latency Test/Multiple Wakefulness Test to rule out Narcolepsy. *PSG may be Substituted if patient meets protocol.*
- O Home Sleep Study (HST) – In-home sleep diagnostic and In-Lab Titration if necessary. (NO GCHP)
- O PAP NAP - Daytime study 2-3 hrs to trouble shoot compliance issues
- O Other: _____

Physician Signature: _____ Date: _____ Contact: _____