



**FOUNTAIN VALLEY  
REGIONAL SLEEP CENTER, Inc.**  
"The Path to Healthy Sleep"

**SLEEP STUDY (POLYSOMNOGRAM) REQUEST**

**PATIENT INFORMATION** \*\*\* If you are sending a Face/Demographics sheet do not fill out this section\*\*\*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Medicare#: \_\_\_\_\_ Medical#: \_\_\_\_\_  
Private Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

**REASON FOR SLEEP STUDY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Insomnia        | <input type="checkbox"/> Snoring                      | <input type="checkbox"/> Obstructive Sleep Apnea (327.23) |
| <input type="checkbox"/> Narcolepsy      | <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Restless Leg Syndrome            |
| <input type="checkbox"/> Sleep Walking   | <input type="checkbox"/> Sleep Talking                | <input type="checkbox"/> Periodic Limb Movement           |
| <input type="checkbox"/> Disturbed Sleep | <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Other                            |

**PATIENT CLINICAL INFORMATION**

- Hypertension     Arrhythmia     CHF  
 Patient Requires Oxygen flow @ \_\_\_\_\_ LPM     Intolerant of CPAP Therapy  
Current Meds: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

**STUDY ORDERED**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>PSG</b> - Diagnostic Baseline Study (95810) | <input type="checkbox"/> <b>Bipap Titration</b> (95811)  |
| <input type="checkbox"/> <b>Split Night/PSG + CPAP</b> (95811)          | <input type="checkbox"/> <b>Home Sleep Study</b> (95806) |
| <input type="checkbox"/> <b>CPAP Titration Only</b> (95811)             | <input type="checkbox"/> <b>Consultation</b> (99204)     |

**PHYSICIAN INFORMATION**

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17150 Euclid Street, Suite 300 Fountain Valley, CA 92708  
Phone: (714) 427-5900 Fax: (714) 427-5907  
www.beachsleepp.com