



**Sleep Care Solutions, LLC**

Phone: 800-830-4321

Orlando Fax: 407-249-1005

Miami Fax: 305-666-8801

Nashville Fax: 615-885-9751

Please include patient demographics and insurance card  
(front and back)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis:  OSA 327.23  Narcolepsy 347.00  Insomnia 780.52

Other \_\_\_\_\_ Code: \_\_\_\_\_

Permission to administer supplemental oxygen to maintain  
SpO<sub>2</sub>>90%

Baseline PSG Study 95810

Post Op / Restudy 95810

Split Study 95811

CPAP Titration 95811

BiLevel Titration 95811

MSLT (non nocturnal study) 95805

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ UPIN # \_\_\_\_\_

Address: \_\_\_\_\_