

Unique Mobile Diagnostic Services

281 Brooklyn Ave
Brooklyn NY 11213 Phone: 718- 467-2647 Fax: 877-442-3840

Physician Order for Home Sleep Test

Patient Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Patient Address: _____

City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Phone Number: _____ - _____ - _____

Notes:

Procedure: Home Sleep Test (Unattended, Resmed ApneaLink Plus Type 3 Portable Recorder). Records oxygen saturation, airflow, respiratory effort and pulse rate. *These diagnostic parameters are used to detect snores, apnea and hypopnea events, snoring etc.*

Diagnosis: *At least one diagnosis is to be made.*

- 327.23 Obstructive Sleep Apnea
- 780.54 Hypersomnia (Excessive
- 780.51 Insomnia with Sleep Apnea
- 780.57 Other and Unspecified Sleep Apnea
- Other _____

Physician Signature Certification:

Stamped signatures and dates are not valid. Physician, PA or NP only
I understand that I am ordering a home sleep test for this patient.

Ordering physicians full name: _____

Physician Phone Number: _____ - _____ - _____

NPI _____

Sign Here: **X** _____

Date: ____/____/____

FAX signed form to UMDS Fax: 877-442-3840.