



HUMMAYUN ISMAIL, MD  
HUMMAYUNISMAIL.COM

# Ismail Sleep Disorder Center

Provider's Prescription & Certification of Medical Necessity  
For Diagnosis and Treatment of Sleep Disorders

Consultation and Scheduling: Phone (302) 633-9033 Fax: (302) 633-9218

White Clay Medical Center \*550 Stanton Christiana Road, Suite 100\* Newark, DE 19713

**TEST DATE & TIME**

\_\_\_/\_\_\_/\_\_\_

\_\_\_ : \_\_\_ PM

**Patient Information:**

Legal Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ SSN \_\_\_-\_\_\_-\_\_\_  Male  Female

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

Home Phone: (\_\_\_) \_\_\_-\_\_\_ Cell Phone: (\_\_\_) \_\_\_-\_\_\_

Work Phone: (\_\_\_) \_\_\_-\_\_\_

Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Ordering Provider's Name: \_\_\_\_\_ Auth Required: Yes or No (circle one)

**Procedure Orders: Check One**

Pulmonary Consultation Reason: \_\_\_\_\_

PFT (Pulmonary Function Test): Includes PFT, post study consult and treatment if necessary Reason: \_\_\_\_\_

Sleep Consultation

Sleep Study & Treatment: Includes sleep study, post study consult, initiate (CPAP) therapy if indicated for OSA

**Please circle one option below**

Polysomnography (PSG) First Night Study CPT 95810

CPAP Titration Second Night Study CPT 95811

BIPAP Titration Second Night Study CPT 95805

Home Sleep Study Home Study CPT 95806/G0399

Special Needs: Does the patient have special needs?

Preliminary Diagnosis:  Obstruction Sleep Apnea G47.33

Qualifying Symptoms: Check ALL that apply

Witnessed Apnea

Hypertension

Excessive Daytime Sleepiness

Falling Asleep while Driving

Impaired Memory/Concentration

Insomnia

Loss of Muscle Control (Cataplexy)

Loud Snoring

Mood Disorder

Morning Headaches

Obesity

Pulmonary Disease

Restless Legs

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

Ordering Provider Signature \_\_\_\_\_ Date \_\_\_\_\_