

Ismail Sleep Disorder Center

Provider's Prescription & Certification of Medical Necessity

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

Website: HISMAILMD.COM

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

TEST DATE & TIME

_____ PM

Patient Information:

Legal Name _____

DOB _____ Male Female

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Please FAX Completed Form, DEMOGRAPHICS WITH INSURANCE INFORMATION & LAST PROGRESS NOTE:

FAX: (302)-633-9218

Procedure Orders: Check One

- Sleep Study & Treatment:** Includes sleep study, post study consult, initiate (CPAP) therapy if indicated for OSA. **Please CIRCLE 1 option below:**

Polysomnography (PSG)	First Night Study	CPT 95810
MSLT	Daytime Study	CPT 95805
CPAP Titration	Second Night Study	CPT 95811
BIPAP Titration	Second Night Study	CPT 95811
Home Sleep Study	Home Study	CPT 95806/G0399

Please Check Preliminary Diagnosis: **Obstructive Sleep Apnea G47.33**

- Seep Consultation:** Visit with sleep specialist to evaluate and treat patient
- PFT (Pulmonary Function Test):** Includes PFT, post study consult and treatment if necessary
- Pulmonary Consultation:** Reason _____

Clinical 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 _____

Print Name of Ordering Provider _____

Phone: _____ Fax: _____