

Sleep Services of Maryland

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sleepservicesmd.com

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Rockville, MD 20850

☐ 19735 Germantown Rd, Ste. 305
Germantown, MD 20874

☐ 19420 Golf Vista Plaza, Ste 110
Leesburg, VA 20176



Patient Name: _____ Date of Birth: _____

Phone #'s: _____

Address: _____

Insurance: _____

Policy ID: _____ Group #: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

☐ Diagnose and Treat for Sleep Disorders – Sleep Study -SPLIT night polysomnogram (if needed), CPAP Equipment arranged for patient (if needed)

☐ Polysomnogram (95810)

☐ CPAP Titration (95811)

☐ SPLIT Night Polysomnogram (95811)

☐ Multiple Sleep Latency Test (MSLT) (95805)

☐ Maintenance of Wakefulness Test (MWT) (95805)

☐ Sleep Consultation with Sleep Specialist

☐ Other: _____

Symptoms

☐ Witnessed Apnea

☐ Loud Snoring

☐ Morning Headaches

☐ Excessive Daytime Fatigue

☐ Other: _____

☐ Hypertension

☐ Insomnia

☐ Obesity

☐ Restless Sleep

Suspected Diagnosis

☐ Obstructive Sleep Apnea

☐ Restless Sleep

☐ Other: _____

☐ Narcolepsy

☐ Parasomnia

☐ Insomnia

Physician Name: _____ NPI #: _____

Physician Address: _____

Physician Phone: _____ Fax#: _____

Physician Statement:

I have carefully reviewed this form and find this test to be medically necessary.

Physician Signature _____ Date: _____

Complete Sleep Health Solution

All major insurances accepted – Open 7 days a week - CPAP/BiPAP Setup