

ROGUE VALLEY

# Sleep Center

An outpatient department  
of Rogue Valley Medical Center

(541) 774-5750

In affiliation with

**Pulmonary Consultants  
and Sleep Specialists**

Medford, Oregon 97504  
Phone: (541) 494-2000

## SLEEP SPECIALISTS REFERRAL/SLEEP STUDY ORDER

### PATIENT INFORMATION

Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_  M  F

Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Other phone number \_\_\_\_\_

Primary insurance \_\_\_\_\_ Secondary insurance \_\_\_\_\_

**Please send copies of insurance cards.**

### DIAGNOSIS (ICD-9 codes for sleep testing)

Obstructive Sleep Apnea (327.23)

Fatigue (780.79)

Hypersomnia (780.54)

Hypoxemia (799.02)

Other \_\_\_\_\_

### REFERRAL TO PULMONARY CONSULTANTS & SLEEP SPECIALISTS

Evaluate, diagnose, and treat

Fax to: (541) 494-2003

### DIRECT ORDER FOR SLEEP CENTER SERVICES

Fax to: (541) 774-5770

Polysomnogram Diagnostic (no split)

Split-Night Polysomnogram

1st part Diagnostic

2nd part CPAP if indicated

CPAP or Bilevel Titration (for patients with documented sleep apnea)

CPAP Requalification (using split-night criteria)

CPAP Desens—(initial daytime trial prior to titration)

Insomnia Program—(initial assessment with up to 4 re-assessment visits)

Provider will be responsible for ordering CPAP and managing treatment.

Providers signature (*required*) \_\_\_\_\_

Provider name \_\_\_\_\_ Date \_\_\_\_\_

#### Please include:

Recent H & P

Insurance cards  
or information