

Sleep Disorders Center

227 J Gateway Drive

Bel Air, MD 21014

Phone: 410-638-7544 Fax: 410-638-2221

Test Requisition Form

Date: _____

Patient Name: _____

Patient SS #: _____

Address: _____

Patient Telephone #: _____

Physician: _____

Physician Telephone #: _____

Physician Signature: _____

Please check the appropriate diagnosis:			Please check appropriate test:		
G47.30	Sleep Apnea, Unspecified	<input type="checkbox"/>	95810	Overnight Polysomnogram	<input type="checkbox"/>
R06.83	Snoring	<input type="checkbox"/>	95811	Overnight CPAP Titration	<input type="checkbox"/>
G47.10	Hypersomnia, Unspecified	<input type="checkbox"/>	95811	Overnight Split Night PSG and CPAP Titration	<input type="checkbox"/>
G25.8	Restless Leg Syndrome	<input type="checkbox"/>	95805	Multiple Sleep Latency Test	<input type="checkbox"/>
G47.11	Narcolepsy/Cataplexy	<input type="checkbox"/>	95805	Maintenance of Wakefulness Test	<input type="checkbox"/>
G47.9	Sleep Disorder, Unspecified	<input type="checkbox"/>	95810	Daytime PSG or CPAP Study (for night shift workers)	<input type="checkbox"/>
F51.01	Insomnia, Primary	<input type="checkbox"/>	99245	Sleep Specialist Consultation	<input type="checkbox"/>
F51.3	Sleepwalking	<input type="checkbox"/>			
F51.8	Other Sleep Disorders not due to a substance or known physiological condition	<input type="checkbox"/>			
G25.3	Myoclonus	<input type="checkbox"/>			
	Other:	<input type="checkbox"/>			
	ICD-10 required				

Remarks: