HOUSTON Methodist LEADING MEDICINE

Sleep Disorders Center
Clinton H. Doerr, MD, Medical Director

Texas Medical Center
6565 Fannin Street, Main 9th Floor
Houston, TX 77030-2707
Ph: 713-441-7854
Fax: 713-790-2612

ORDER FORM

PATIENT NAME		DOB	SEX	☐ M ☐ F
PATIENT PHONE	ALT PHONE	SSN		
INSURED NAME	PLAN NAME	PLAN PHONE		
ID NO	GROUP NO	DIAGNOSIS CODE		

Indicate Type of Service to be Performed:

- ☐ Perform sleep study and provide me with the results. Referring Physician will handle the Durable Medical Equipment (DME) referral if needed.
- ☐ Perform the sleep study and refer patient to a sleep specialist for the follow up and treatment (including DME if needed).

Available Studies (Check One Below):

- ☐ Perform a CPT 95811 Split Night Study (if Patient meets Criteria)
- ☐ Perform a CPT 95811 Full Night Titration Study
- ☐ Perform a CPT 95810 Full Night Baseline Study
- ☐ Perform a CPT 95810 Full Night Baseline Study to be followed by a CPT 95811 Full Night Titration Study if recommended.
- ☐ Perform a CPT 95805 MSLT Daytime Study
- ☐ Perform a CPT 95805 MWT Daytime Study
- ☐ Other

Provisional Diagnosis for Medical Necessity:

DIAGNOSIS:	ICD – 10 CODE:

REFERRING PHYSICIANS:

** Please fax appropriate documentation supporting medical necessity
For sleep study including demographics, clinical notes and this order form to 713-790-2612.

Please indicate which physician you choose to interpret this study in the Additional Comments section. If a physician is not selected, it will be assigned to our first available reading physician.

Additional Comments:

PLACE LABEL HERE

PHYSICIAN NAME:		NPI #:
PHYSICIAN SIGNATURE:		DATE:
PHYSICIAN PHONE:	FAX:	CONTACT:

** Required Information