



West Region Sleep Center

Accredited By American Academy of Sleep Medicine since 1994
15805 Puritas Avenue • Cleveland, Ohio 44135 • 216-267-5933

Physician Referral Form

Patient Name: _____ **Sex:** Male Female

Date of Birth: _____ **Primary Care Physician:** _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Social Security Number: _____ Height: _____ Weight: _____

Health Insurance

Carrier Name: _____ Subscriber Number: _____

Group Number: _____ Phone Number: _____

Ordering Physician (please print or stamp name here) _____

Name: _____ Phone Number: _____

Office Address: _____ Fax Number: _____

Dose Patient have cardiac problems? ___ NO ___ YES Describe: _____

Dose Patient have lung problems? ___ NO ___ YES Describe: _____

Is Patient on Oxygen? ___ NO ___ YES **Level:** _____ **Start Study on O₂?** _____

Is patient on CPAP? ___ NO ___ YES **Level:** _____ **Start Study on CPAP?** _____

Clinical Indications

Preliminary Diagnosis

Type of Procedure Needed

- Loud snoring
- Bedpartner observes apnea
- Gasping episode at night
- Excessive sleepiness
- Morning headache
- Trouble concentrating
- Loss of energy
- Overweight / obesity
- Other _____

- G47.33 Obstructive sleep apnea
- G47.30 Hypersomnia with sleep apnea
- G47.8 Sleep stage dysfunction
- G47.30 Unidentified sleep apnea
- G47.41 Narcolepsy
- Other _____

- 95810 Polysomnogram
- 95811 CPAP/BiPAP Titration
- 95811 Mandatory Split Study PSG/CPAP
- 95806 HST—Home Sleep Study
- 95805 MSLT—Multiple Sleep Latency Test
- 95805 MWT—Maintenance Wakeful Test
- Other _____

Physician Signature _____

Date _____

Follow up with sleep doctor? YES NO

Interpreting Physician

Basma Ricaurte, M.D. **Daniel V. Iltchev, M.D.**

Linas F. Vaitkus, M.D. **Basel Altaqi, M.D.**

Robert B. Gerber, M.D.

To Schedule

Please do not give this form to patient. **Please fax completed form, most recent H&P or patient visit notes and a copy of their insurance card(s) to the Sleep Center at 216-267-5133.** For any additional information, please call our office at **216-267-5933.**

Basma Ricaurte, M.D.
Medical Director

For internal use only _____ / _____
Sign Off Date