



Central Scheduling

Phone 866-439-7533 Fax 928-708-0505 or 888-370-5093
3777 Crossings Drive • Prescott, AZ 86305
7900 E. Florentine Road • Prescott Valley, AZ 86314
401 Calvary Way • Cottonwood, AZ 85374
Dr. Ketan Jani • Dr. Mohammad Ali El-Harakeh

PATIENT NAME:

GENDER:

BIRTH DATE:

AGE:

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

PATIENT INSURANCE:

SELF PAY

MEMBERSHIP NUMBER:

INSURANCE COMPANY PHONE NUMBER:

**For your convenience, EZ Sleep Lab will obtain most insurance pre-authorizations.
Consultation is recommended with self pay patients.

DIAGNOSIS:

(CHECK BOXES THAT APPLY)

- HYPERSOMNIA WITH SLEEP APNEA / 780.53
- CATAPLEXY AND NARCOLEPSY / 347.00
- HYPOXEMIA / 799.02
- DROWSINESS, SOMNOLENCE / 780.09
- NOCTURNAL SEIZURES / 345.80

TEST ORDER:

- FULL WORK UP: CONSULTATION WITH SLEEP SPECIALIST AND APPROPRIATE TESTING TO BE DONE. CPAP WILL BE ORDERED IF NEEDED.
- POLYSOMNOGRAPHY / CPAP TITRATION / CPT 95810 / 95811
Full night Polysomnography followed by a full night Cpap Titration if medically necessary
- STANDARD OVERNIGHT TEST / PSG CPT 95810
- FOLLOW UP OVERNIGHT TEST WITH CPAP / CPT 95811
- SPLIT NIGHT PSG/CPAP TEST IF INSURANCE AND LAB PROTOCOLS COMPLY / CPT 95811
- DAYTIME MULTIPLE SLEEP LATENCY TEST / CPT 95805
- BIPAP TITRATION DUE TO CPAP INTOLERANCE
- OVERNIGHT OXIMETERY
- ASV TITRATION
- PSG WITH ORAL APPLIANCE TITRATION
- HOME SLEEP STUDY
- PAP-NAP (A daytime nap session to desensitize against CPAP)

REFERRING PHYSICIAN

PHYSICIAN NAME:

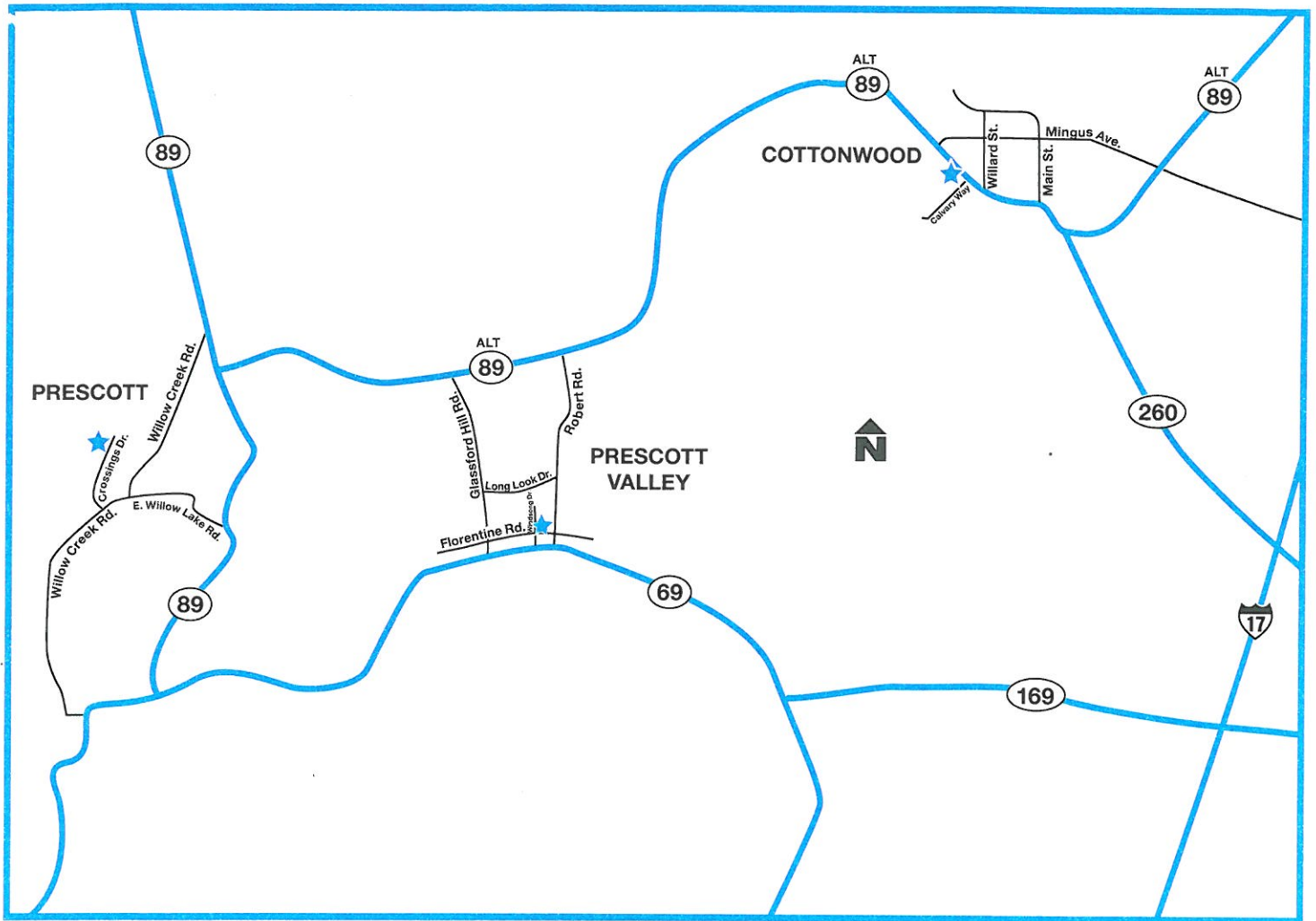
CONTACT NAME:

PHYSICIAN PHONE NUMBER:

PHYSICIAN FAX NUMBER:

PHYSICIAN SIGNATURE:

DATE:



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