



# Referral Form

Corporate Address: 14981 National Ave, Ste. 1  
Los Gatos, CA 95032

16 California Locations  
www.baysleep.com

Please fax insurance information  
and relevant medical notes to

1-866-44-APNEA  
1-866-442-7632

[ IF REQUESTING SPECIFIC SPECIALIST, PLEASE CHECK NAME ]

<input type="checkbox"/> Kin Min Yuen, MD	<input type="checkbox"/> Stephen Brooks, MD	<input type="checkbox"/> Victoria Zvonkina, MD	<input type="checkbox"/> June Seliber-Klein, MD	<input type="checkbox"/> Manjari Nathan, MD	<input type="checkbox"/> Joy Meng, MD
Medical Director Diplomate. ABSM	Diplomate. ABSM	Diplomate. ABSM	Diplomate. ABSM	Diplomate. ABSM	Diplomate. ABSM
Mid-Peninsula	East Bay	San Francisco	Salinas/Monterey	East Bay	South Bay

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Patient Name</b>			<b>Date of Birth</b>	
<b>Primary Phone</b>		<b>Alternate Phone</b>		
<b>Address</b>				
<b>City / State</b>		<b>Zip</b>		
<b>Email Address</b>				

### Patient Symptoms/Complaints:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Snoring         | <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Night Terrors     | <input type="checkbox"/> Weight Gain/Obesity |
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Narcolepsy                   | <input type="checkbox"/> Bruxism           | <input type="checkbox"/> Hypertension        |
| <input type="checkbox"/> Insomnia        | <input type="checkbox"/> Restless Legs                | <input type="checkbox"/> Nocturia/Enuresis | <input type="checkbox"/> COPD                |
| <input type="checkbox"/> Sleep Walking   | <input type="checkbox"/> Chronic Pain                 | <input type="checkbox"/> Morning Headaches | <input type="checkbox"/> Arrhythmia          |

### Requested Services

**CPT 95810 POLYSOMNOGRAPHY (FULL SLEEP STUDY) - ATTENDED**

A multi-channel, overnight recording: Parameters recorded include 6 EEGs, 2 EOGs, 2 EMGs, nasal oral airflow, snoring, thoracic and abdominal excursions, and oxygen saturations.

**CPT 95811 Follow up CPAP/BiPAP TITRATION test – ATTENDED**

Prescribed for a second night polysomnography after a positive diagnosis of Obstructive Sleep Apnea (OSA). CPAP and/or BiPAP are administered to determine ideal pressure parameters for treatment of OSA.

**CPT 95811 SPLIT-NIGHT STUDY – ATTENDED**

CPAP treatment is initiated after a period of baseline recording of minimum 2 hours of sleep. If we do not observe CPAP initiation protocol requirements (Respiratory Disturbance Index "RDI" over 30 per hour in the first half of the night or SaO2 de-saturation below 80 percent) would you like us to proceed with CPAP treatment?  Yes, proceed even if criteria is not met  No, continue w/o treatment

**CPT 95805 MULTIPLE SLEEP LATENCY TEST (MSLT)**

A series of naps performed during the day following a polysomnography, for patients with symptoms of unexplained daytime somnolence. An MSLT is also diagnostic for Narcolepsy.

Has the patient had a previous sleep study?  Yes  No If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

### Referring Doctor Information

Name	UPIN #	NPI #	
Address	City	ST	Zip
Phone	Fax		

**Signature:**

I attest that the item(s) prescribed are medically necessary and adhere to the standards of medical practice and treatment of this patient's condition.

Oakland | Daly City | Fremont | Gilroy | Los Angeles | Irvine | Los Gatos | Menlo Park | Monterey  
Mountain View | Pleasanton | Redwood City | Salinas | San Francisco | San Jose | Walnut Creek