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Sleep Disorders Clinic

Please attach Copies of Insurance Cards and All Relevant Chart Notes with Completed Referral Form to
FAX Number: (408) 295-4738

Date of Referral _____

Patient Information						
First Name:		Last Name:			DOB:	
Address:				City:		
State:	Zip:	Home#	Cell#:	Email:		
Reason for Referral, Patient Symptoms/Chief Complaints (Check All That Apply)						
<input type="checkbox"/>	Snoring	<input type="checkbox"/>	Arrhythmia			
<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	Chronic Pain			
<input type="checkbox"/>	Observed Apneas	<input type="checkbox"/>	COPD			
<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Restless Legs			
<input type="checkbox"/>	Bruxism	<input type="checkbox"/>	Hypertension			
<input type="checkbox"/>	Nocturia/Enuresis	<input type="checkbox"/>	Narcolepsy			
<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Weight Gain/Obesity			
<input type="checkbox"/>	Morning Headaches	<input type="checkbox"/>	Excessive Daytime Sleepiness			
Requested Services — Office Visits						
<input type="checkbox"/>	Initial Evaluation CPT 99205	1 hour Comprehensive Consultation with Board Certified Sleep Specialist				
<input type="checkbox"/>	Follow Up CPT 99214	Follow up visit with Board Certified Sleep Specialist to review results of polysomnogram and discuss Treatment options <i>Note: If you would like to conduct your own Follow Up visits Check Here</i> →			<input type="checkbox"/>	Refer back to me.
Requested Services — Sleep Studies						
<input type="checkbox"/>	PSG (Full Sleep Study) — Attended	<input type="checkbox"/>	CPAP/ Bi-level PAP Titration — Attended			
CPT 95810- A multi-channel, overnight recording, Parameters recorded include: 14 EEGs, 2 EOGs, 4 EMGs, nasal oral airflow, snoring, thoracic and abdominal excursions, and oxygen saturations.			CPT 95811- Prescribed for a second night polysomnography after a positive diagnosis of Obstructive Sleep Apnea. (CPAP/BIPAP)			
<input type="checkbox"/>	Split Night Study (PSG/CPAP)- Attended	<input type="checkbox"/>	Multiple Sleep Latency Test (MSLT/MWT)			
CPT 95811- CPAP- treatment is initiated after a period of baseline recording indicates the patient meets CPAP initiation protocol requirements (Criteria: Respiratory Disturbance Index "RDI" over 30 /hr in the first half of the night or SaO2 desaturations below 80 percent).			CPT 95805- A series of naps performed during the day following a polysomnogram for patients with symptoms of unexplained daytime somnolence. A positive MSLT is also diagnostic for Narcolepsy.			
<input type="checkbox"/>	Esophageal Manometry (PES) — Add-on Procedure	<input type="checkbox"/>	Ambulatory Sleep Study — Unattended			
CPT 91020- Utilized to measure fluctuations in negative intra-thoracic pressure as a reflection of work of breathing. Add-on procedure for PSG, CPAP and Split Night sleep studies.			Home Sleep Study			
Referring Physician Information						
Name:			UPIN#:	NPI#:		
Address:				City:		
State:	Zip:	Work#:	Fax#	Office Contact:		
Physician Signature:						