

Sleep Services

Office: (888) 322-7108 Fax: (888) 800-3851

Name: _____ DOB: _____

Address: _____ City _____ State _____ Zip _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Ins Co: _____ Ins Co Phone Number: _____

ID Number: _____ Group Number: _____

Dx/Reason For Study

327.23/G47.33 Obstructive Sleep Apnea 780.53/G47.30 Hypersomnia with Sleep Apnea, Unspecified
780.57/G47.30 Unspecified Sleep Apnea 780.54/G47.10 Hypersomnia,
Other: _____

Home Sleep Diagnostic Testing

In Home Sleep Test (3 Nights) In Home Sleep Test w/PAP In Home Sleep Test w/OAT

Provider Information

Deliver Results/Reports via Email or Fax to: _____

Provider: _____ Phone: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Provider Signature: _____ Date: _____

Sleep Services Coordinator:

Fax Order to: (888) 800-3851
Email to: orders@HSTSsleepservices.com