



**SLEEP DISORDERS CENTER/NEUROPHYSIOLOGY
LABORATORY REFERRAL**

111 Clara Barton Street
 Dansville, NY 14437
 1-888-70NOYES ext. 4285 or 1-585-335-4285

KENNETH HALLIWELL, MD

**PLEASE FAX to 585-335-4290: 1.) A COPY OF PATIENT'S INSURANCE CARD
 2.) PATIENT DEMO SHEET**

Last name	First	MI
Phone	DOB	Sex
Insurance Co.	Authorization #	

REQUESTED SLEEP STUDY:

- ___ Home Sleep Study (HST)
- ___ Nocturnal Polysomnogram
- ___ Nocturnal Polysomnogram with CPAP titration (PSG w/CPAP)
- ___ Mean Sleep Latency Test (MSLT)
- ___ Maintenance of Wakefulness Test (MWT)
- ___ EEG

CLINICAL SYMPTOMS PRESENT:

- ___ Excessive daytime sleepiness
- ___ Insomnia
- ___ Snoring
- ___ Witnessed apneas
- ___ Cognitive difficulty related to sleepiness
- ___ Morning headaches
- ___ Frequent nocturnal urination (nocturia)
- ___ Restless legs
- ___ Parasomnias (e.g. sleep walking)

CURRENT MEDICAL CONDITIONS:

- ___ Hypertension I10
- ___ Diabetes E08.4
- ___ CAD I25.1
- ___ CHF I50.9
- ___ Arrhythmia I49.9 / Atrial Fibrillation I48.91
- ___ Stroke I63.30 / TIA G45.9
- ___ Obesity (BMI>30) E66.9
- ___ Upper Airway Abnormalities J44.9
- ___ Neuromuscular Disease G71.0

Physician's Signature _____ Date _____

Please print physician's name _____ Consulting physician _____

Referring facility/phone _____ Consulting physician/phone _____

For general Sleep Disorder Center questions, please call 585-335-4285.