New Mexico Center for
Clinical & Behavioral Sleep Medicine
A Department of Gerald Champion Regional Medical Center
Promoting Healthy Sleep for a Healthy Life

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Sleep Medicine Order & Referral Form

Patient Name: _____ **Ordering/Referring Physician:** _____

Patient DOB: _____

Clinical Indication for Referral:

- ☐ 780.51 Sleep Apnea w/ Insomnia
- ☐ 780.53 Sleep Apnea w/ Hypersomnia
- ☐ 780.57 Sleep Apnea unspecified
- ☐ 347.00 Narcolepsy unspecified
- ☐ 333.94 Restless Legs Syndrome
- ☐ 327.51 Periodic Limb Movement Disorder
- ☐ 307.42 Insomnia
- ☐ 327.02 Insomnia due to Mental Health Disorder
- ☐ Other: _____

Type of Referral:

- ☐ 95810 Diagnostic Sleep Study (Only an assessment study, no treatment administered)
- ☐ 95811 Positive Airway Pressure Sleep Study
- ☐ 95811 Split-Night (Classic apnea patient that may have an AHI > 40 in first 3 hrs of study)
- ☐ 95805 Multiple Sleep Latency Test (A Diagnostic Sleep Study must be ordered and conducted prior to the MSLT. If sleep apnea or another intrinsic sleep disorder is detected, the MSLT will be cancelled as this finding would rule the MSLT inconclusive. Procedurally, if the pt uses PAP, the MSLT will be conducted at the prescribed pressure.)
- ☐ 95807-52 Positive Airway Pressure Nap Study (PAP NAP)
- ☐ Behavioral Sleep Medicine Referral
- ☐ Other: _____

Associated Symptoms:

- ☐ Loud Snoring
- ☐ Excessive Daytime Sleepiness
- ☐ Obesity
- ☐ Hypertension
- ☐ Morning Headache
- ☐ Nocturia
- ☐ Dry Mouth upon awakening
- ☐ Restless Legs
- ☐ Insomnia
- ☐ Restless Sleep
- ☐ Other: _____

Additional Information: _____

Physician Signature: _____ **Date:** _____

Please Send Patient's Latest History and Physical along with this Order