

# Suburban Sleep Center

PATIENT NAME	DATE
PATIENT DOB	PHYSICIAN SIGNATURE <b>X.</b>
PATIENT PHONE	PHYSICIAN NAME
PREFERRED SLEEP PHYSICIAN:	PHYSICIAN PHONE

SPECIAL INSTRUCTIONS:

## **SLEEP EVALUATION & TESTING**

ALL PATIENTS SEEN AT THE SUBURBAN SLEEP CENTER WILL BE EVALUATED BY A BOARD CERTIFIED SLEEP SPECIALIST.

- WE WILL ORDER AND MANAGE ANY NECESSARY STUDIES AS WELL AS TREATMENT, INCLUDING HOME THERAPY EQUIPMENT.
- NOT ALL PATIENTS WILL BE ELIGIBLE FOR HOME TESTING BASED ON CLINICAL FINDINGS.

IN LAB SLEEP STUDY PREFERRED

HOME SLEEP STUDY PREFERRED

FOR SLEEP STUDIES ONLY PLEASE CALL 708.323.4200

YOU WILL NEED TO ORDER AND MANAGE ANY NECESSARY STUDIES AND TREATMENTS.

## **PLEASE SELECT A REASON FOR EVALUATION**

HYPERSOMNIA-UNSPECIFIED (780.54)

UNSPECIFIED SLEEP DISTURBANCE (780.50)

OBSTRUCTIVE SLEEP APNEA (327.23)

OTHER: \_\_\_\_\_

INSOMNIA (780.52)

- PLEASE FAX THE COMPLETED ORDER FORM TO 888.753.5661.
- INCLUDE REFERRAL IF REQUIRED BY INSURANCE PLAN
- CALL 708.323.4200 TO SCHEDULE AN APPOINTMENT.

## Suburban Sleep Center

Located in the Mac Neal Healthcare Center

6649 W. Archer Avenue, Chicago, IL 60638- Tel: 708.323.4200, Fax: 888.753.5661

[www.AmericasSleepNetwork.com](http://www.AmericasSleepNetwork.com)