SleepCare

# Home Sleep Test Order Form

Fax 1-866-291-8990 | Phone 1-866-320-8989 | scheduling@sleepcareinc.com

**ORDER REFERENCE**

From the Sleep Care Direct order page. Leave blank if none. _____

## PATIENT INFORMATION

Name: _____ Date: _____

Address: _____ Home phone: _____

City: _____ Cell phone: _____

State: _____ Zip: _____ Email: _____

Birth date (MM/DD/YYYY): _____

## PROVIDER INFORMATION

Name: _____ Telephone: _____

Practice / facility: _____ Fax: _____

## SLEEP HISTORY INFORMATION (MUST BE COMPLETED)

- ☐ (G47.30) Sleep apnea, unspecified
- ☐ Other (in addition to the above): _____

## PROVIDER ORDER

- ☐ Home sleep test

_____

Provider signature

_____ _____

Date Time

**How to send this order**

Fax the signed order to 1-866-291-8990, or upload it by scanning the QR code at the right.
No scanner? Go to the Sleep Care Direct order page and choose "upload the signed order".
Please do not email orders. The patient accepts the consent and payment terms online.

Scan to upload