The Vine MEDICAL CENTER
& Sleep Lab for Adults & Children

Crowley Office:
921 E. FM 1187 Ste. A Crowley, TX 76036
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Fort Worth Office:
6251 Oakmont Blvd. Fort Worth, TX 76132
Phone: 682-250-5700 **Fax**: 682-250-5705

SLEEP STUDY ORDER FORM

Patient Name:				Home Phone:
Date of Birth	Insurance:	Subscriber #		Group:
Address:			Height: Weight: BMI:	
City/State/Zip:			Cell Phone:	

TESTING

☐ 95810 – Polysomnogram (PSG)	☐ 95811 – Split Night Study
☐ 95811 – CPAP/BiPAP/ASV Titration	☐ 95806 – Home Sleep Study - Unattended
☐ 95805 – Multiple Sleep Latency Test (MSLT)	☐ 95805 – Maintenance of Wakefulness (MWT)

SYMPTOMS

☐ Witnessed Apnea	☐ Morning Headaches	☐ Dry Mouth
☐ Choking/Gasping/Snorting	☐ Difficulty Initiating Sleep	☐ Non-restorative Sleep
☐ Nocturia	☐ Teeth Grinding	☐
☐ Snoring	☐ Dyspnea	☐
☐ Excessive Daytime Fatigue	☐ Restless Leg	☐

COMORBIDITIES

☐ Heart Failure	☐ COPD	☐ Stroke
☐ Diabetes	☐ Epilepsy	☐
☐ Obesity	☐ Asthma	☐
☐ Hypertension	☐ Hypoxemia	☐

ORDERING PHYSICIAN

Physician's Name:	Phone:
Address:	Fax:
City/State/Zip	NPI:
Signature:	Date:

Please include patient demographics and most recent Physician Notes with order Fax to: (682)250-5705