



Tel: 888-929-SLEEP (7533)
 Fax: 888-929-7537 Alt. (212) 234-3012
 www.iSleepProgram.com

- | | |
|--|---|
| <input type="checkbox"/> Headquarters
147 West 116 th Street
New York, NY 10026
Tel. 212-380-7960 | <input type="checkbox"/> 1200 Waters Place Suite 104
Bronx, NY 10467
Tel. 888-929-7533 |
| <input type="checkbox"/> 8707 Flatlands Ave.
Brooklyn, NY 11236
Tel. 718-333-5193 | <input type="checkbox"/> 800 Second Avenue 9 th floor
New York, NY 10017
Tel. 929-219-0615 |

Date _____

Patient Information

Name: _____
 Phone #: _____
 Alt. Phone #: _____
 Email Address: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 D.O.B.: _____ Gender Female Male
 Height: _____ Weight: _____

Medical Insurance Information

Primary Insurance: _____
 ID #: _____

Type of Service Requested

- Ambulatory-Home Sleep Test
 Sleep Test at the Sleep Lab
 Oral Appliance Efficacy Sleep Study
 Current Oral Appliance Setting _____ mm
 Authorization and Billing Service
 ___ Sleep study attached

Patient Referred for Evaluation of

- Sleep Apnea G47.33
 Hypersomnia with Sleep Apnea G47.30
 Other _____

Primary care Physician

Name: _____
 Phone #: _____

Clinical Symptoms

- | | |
|--|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Choking During Sleep |
| <input type="checkbox"/> Daytime Fatigue | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Witness Apnea | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Un-refreshing Sleep | <input type="checkbox"/> Diabetes |

Referring Dentist Information

Physician: _____
 Specialty: _____
 Phone #: _____
 Email Address: _____

Signature: _____
 NPI #: _____
 Fax #: _____