REFERRAL FORM

ELE Medical
Sleep Disorder Center
37-03 92nd Street-Jackson Heights, NY 11372
Tel: 718-779-7301 Fax: 718-779-7303
Email: elesleepdisorder@gmail.com

Accredited Member Center

PLEASE FAX CLINICAL NOTES WITH REFERRAL

Name _____ M ___ F___ DOB___ /___ /___

Address _____ SS# _____

City_____ State _____ Zip_____ Height _____ Weight _____

Home Phone _____ (Work)_____ (Cell)_____

Insurance_____ ID#_____

Suspected Diagnosis/Clinical Information

___Narcolepsy	G47.419	___Unexplained Drowsiness	R40.0
___Insomina	G47.00	___ Sleep-Associated Seizures	G47.8
___Sleep Apnea/UARS	G47.30	___ Restless Leg Syndrome	G25.81
___Obstructive Sleep Apnea	G47.33	___ Periodic Limb Movement Disorder	G47.61

___Other_____

Medical Necessity/Sleep History

___ CHF	150.9	___ Nightmares	F51.5	___ Muscle/Joint Ache	M25.5
___ Apnea	R06.81	___Arrhythmia	I49.9	___Pulmonary Disease	J98.9
___ Overweight	E66.3	___ REM Behavior Disorder	G47.52	___ Leg Cramps/Movements	G47.62
___ Snoring	R06.83	___ Insomnia	G47.00	___ Sleep walking/Talking	F53.1
___ Bruxism	G47.63	___ Hypertension	I10	___ Rhinitis/Sinusitis	J30.9
___ Impotence	N52.9	___Seizures	G40.9	___ Hypersomina	G47.10

___ S/P UPPP; laser assisted palatoplasty

___ Dental appliance to advance mandible/tongue Oxygen:____ L/Min _____ 24HR _____ Noctural

Orders for Polysomnogram

___ Pulmonary Sleep Evaluation

___ PSG: All night Polysomnogram; no treatment unless serve apnea present	(95810)
___ Split Night: Diagnostic PSG with titration of CPAP if criteria are met	(95811)
___ CPAP Titration: PSG when OAS already documented: Previous study date:_____	(95811)
___ PSG with the next day MSLT (Multiple Sleep Latency Test) for Narcolepsy	(95810 & 95805)
___ (MWT) Maintenance of Wakefulness Testing	(95805)
___ (MSLT) Multiple Latency Test	(95805)

___ Special Instructions _____

Referring Physician _____ *Tel: ( )* _____

Address: _____ *Fax: ( )* _____

Signature: _____ *NPI:* _____ *Date:* _____

We Accept All Major Insurances

Preparations:

Day of your study:

- Please arrive at 8: 30 PM (unless instructed otherwise)
- Do not take a nap on the day of the test.
- Avoid caffeine (coffee, tea or soda) after breakfast.
- Do not drink any alcohol 12 hours before your sleep study.
- Wash and dry your hair and do not apply hair sprays, oils and gels.
- You must wear loose fit bed clothes. (Preferably two piece pajamas to wear during your sleep test)
- Bring your regularly scheduled medications and plan to take them as you normally would unless your physician instructs otherwise.
- If you are under 18 years of age, a parent or guardian is required to stay with you for the entire duration of testing.
- If you currently use any of the things listed below, reside in a skilled nursing facility, or have any other special needs, please call the ELE Sleep Disorder Center to notify the staff.

-Wheel chair
-Personal Care Assistant
-Incontinence Pads
-Medication Assistance
-Oxygen

- I.D. with picture and Insurance card

Cancellation Policy:

Kindly give 24 hours notice from the time of your scheduled appointment if you need to cancel or reschedule your appointment. Failure to show up for your appointment or not cancelling 24 hours in advance will result in a $150.00 fee.

Thank you for choosing ELE Sleep Disorder Center.

Preparativos:

El dia del estudio:

- Llegue a las 8:30 PM (a menos que se indique lo contrario)
- No tome una siesta en el dia de examen
- Evite la cafeina (cafe, te o soda) despues del desayuno.
- No beba alcohol 12 horas antes de el examen
- Lave y seque el cabello y no aplique sprays, aceites y geles para el cabello.
- Debe usar ropa suelta. (De preferencia pijamas de dos piezas para usar durante su prueba de sueño).
- Traiga sus medicinas programadas regularmente y planne tomarlas como lo haria normalmente a menos que su medico indique lo contrario
- Si actualmente utiliza cualquiera de las cosas que se enumeran a continuacion, reside en un centro de enfermeria especializada o tiene otras necesidades especiales, llame al Centro del sueño de ELE para notificar al personal

-Silla de ruedas
-Asistente de Cuidado Personal
-Asistente a la medica
-Oxigeno

- Tarjeta De Identidad con foto y tarjeta de seguro

Politica de cancelacion:

Si necesita cancelar su cita por favor notificar 24 horas antes de su estudio de sueño o habra una cuoto de cancelacion de $150.00

Gracias por elegir ELE Sleep Disorder Center.