1215 Annapolis Road
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Odenton, MD 21207

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Authorization for Part A Patients

Facility Information
Facility Name:

Patient Information
Patient Name:
Treatment:

Authorization:

I AUTHORIZE USA SLEEP DIAGNOSTIC MOBILE SERVICE TO PEFORM SLEEP STUDIES ON ABOVE PATIENT ACCORDING TO THEIR PROTOCOLS. ALL SERVICES FOR THIS PATIENT WILL BE BILLED TO THE FACILITY.

Administrator Name (Print): _____
Signature:_____ DATE:_____

Director of Nursing Name (Print): _____

Signature:_____ DATE: _____