



Prescription and Statement of Medical Necessity

FOR THE DIAGNOSIS AND TREATMENT OF OBSTRUCTIVE SLEEP APNEA

Fax completed prescriptions to your local SleepQuest office

PATIENT INFORMATION						
Name:	Date Of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height:			
Address:	City/State/Zip:		Weight:			
Phone:	Alt. Phone:	Email:	Neck Size:			
DIAGNOSTIC SLEEP STUDIES						
<input type="checkbox"/> Diagnostic Sleep Study <input type="checkbox"/> Diagnostic Sleep Study & PAP Diagnostic Titration Sleep Study (if indicated) <input type="checkbox"/> PAP Diagnostic Titration Sleep Study - Previously diagnosed with OSA (PAP type and pressures unknown)						
PAP TREATMENT				Length of Need = 99		
<input type="checkbox"/> PAP Therapy (Type & Pressure Settings Required) <input type="checkbox"/> CPAP/APAP (E0601) Pressure(s): _____ <input type="checkbox"/> BI-LEVEL ST (E0471) Pressures: _____ <input type="checkbox"/> BI-LEVEL (E0470) Pressures: _____ <input type="checkbox"/> ASV (E0471) Pressures: _____ <input type="checkbox"/> All Necessary PAP Supplies (may include the following): (E0562) Humidifier, (A7046) Humidifier Chamber, (A7034) Mask Nasal, (A7030) Mask Full Face, (A7027) Mask Combo, (A7035) Headgear, (A7032) Cushion Nasal, (A7031) Cushion Full Face, (A7033) Pillow Nasal, (A7028 & A7029) Cushion Combo, (A7037) Tubing, (A4604) Tubing Heated, (A7039) Filter Reusable, (A7038) Filter Disposable, (A7036) Chin Strap						
DIAGNOSES / ESS / SIGNS & SYMPTOMS						
<input type="checkbox"/> Obstructive Sleep Apnea G47.33 <input type="checkbox"/> Central Sleep Apnea G47.31 <input type="checkbox"/> Other: _____						
EPWORTH SLEEPINESS SCALE (ESS) Physician instructions: Ask your patient how likely they are to doze off or fall asleep in the following situations, in contrast to feeling just tired. Use the following scale to choose the most appropriate level of your patient's tiredness: 0 = Would never doze 1 = Slight chance of dozing 2 = Moderate chance of dozing 3 = High chance of dozing		Situation:	Circle Response			
		Sitting and reading	0	1	2	3
		Watching television	0	1	2	3
		Sitting inactive in a public place for example, a theater or meeting	0	1	2	3
		Lying down to rest in the afternoon, when circumstances permit	0	1	2	3
		Sitting and talking to someone	0	1	2	3
		Sitting quietly after lunch (without drinking any alcohol)	0	1	2	3
		In a car, while stopped for a few minutes in traffic	0	1	2	3
		As a passenger in a car for an hour without a break	0	1	2	3
		(ESS SCORE = Sum of Responses)		ESS SCORE:		
FOR INSURANCE AUTHORIZATION PURPOSES, PLEASE SELECT ALL THAT APPLY <input type="checkbox"/> Hypertension <input type="checkbox"/> Chronic/Habitual Snoring <input type="checkbox"/> Drowsy Driving <input type="checkbox"/> Witnessed Apnea Events <input type="checkbox"/> Irritability/Moodiness <input type="checkbox"/> Previously Diagnosed with OSA <input type="checkbox"/> Witnessed Nocturnal Motor Activity <input type="checkbox"/> Morning Headaches <input type="checkbox"/> Excessive Daytime Sleepiness (ESS Score >= 11) <input type="checkbox"/> Gasping/Choking While Sleeping <input type="checkbox"/> Fatigue <input type="checkbox"/> Other: _____						
PRESCRIBER'S INFORMATION						
Name:	NPI:					
Address:						
Phone:	Fax:					
Signature:	Date:					
<i>I certify that the above prescribed item(s) is/are medically indicated and in my opinion is/are reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.</i>						

FAX COMPLETED PRESCRIPTIONS TO YOUR LOCAL SLEEPQUEST OFFICE

Please fax the front & back of the medical insurance card(s) if possible

FRESNO 559-436-8818 (Fax) 559-436-8800 (Phone) 5475 N. Fresno St., Ste. 112 Fresno, CA 93710	LOS GATOS 408-356-6164 (Fax) 408-356-6162 (Phone) 16400 Lark Ave., Ste. 210 Los Gatos, CA 95032	SAN CARLOS 650-412-0130 (Fax) 650-412-0123 (Phone) 981 Industrial Rd., Ste. B San Carlos, CA 94070	SAN FRANCISCO 415-775-3380 (Fax) 415-775-3379 (Phone) 1489 Webster St., Ste. 203 San Francisco, CA 94115	WALNUT CREEK 925-522-5235 (Fax) 925-482-8180 (Phone) 1399 Ygnacio Valley Rd, Ste 2 Walnut Creek, CA 94598	DIRECT-TO-PATIENT 866-721-8481 (Fax) 877-672-8378 (Phone) direct@sleepquest.com Phone & Online
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