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## Sleep Services Order Form:

Ordering Physician: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Practice Name \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Fax Number \_\_\_\_\_

Patient: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed order to 206-238-9880 or upload to our secure portal: [sleepguru.clientsecure.me](https://sleepguru.clientsecure.me)

### SUSPECTED DIAGNOSIS

- Sleep Apnea (NOS) G47.30
- Hypersomnia (NOS) G47.10
- Insomnia G47.00
- Shift Work Disorder G47.26
- Other (specify) \_\_\_\_\_

### SLEEP HISTORY/SYMPTOMS

- Excessive daytime sleepiness
- Witnessed apneas
- Insomnia
- Morning headaches
- Nocturnal teeth grinding
- Snoring
- Insomnia
- Sleepwalking
- Cataplexy
- Sleep paralysis
- Leg movements
- Wakes up choking
- Nightmares
- S/P surgery for OSA

### RELEVANT MEDICAL HISTORY

- Hypertension
- Pulmonary hypertension
- Pulmonary disease /COPD
- Arrhythmia (VT/Afib)
- CHF
- CAD
- Diabetes mellitus Type 2
- Fibromyalgia
- Stroke
- Thyroid disease
- Obesity
- Chronic Pain
- Menopause
- Large neck or crowding of upper airway
- Depression
- Generalized Anxiety
- Other

### PREVIOUS SLEEP STUDY?

- Yes
- No
- If yes, name of facility? \_\_\_\_\_
- \_\_\_\_\_
- Approximate month/year? \_\_\_\_\_
- \_\_\_\_\_

### SERVICES REQUESTED (CHECK ALL APPROPRIATE BOXES)

- Snoring and Sleep Breathing Consultation - CPT - 99203 - \$150
- WatchPATOne Home Sleep Apnea Test (HSAT) - CPT 95800 - \$225
- Insomnia and Non-Restorative Sleep Consultation - CPT 99205 - \$300
- Actigraphy (7 days) with Sleep Plan - CPT 95803 - \$250
- Sleep Wellness and Optimization Consultation - CPT 99205 - \$300
- CPAP Help and Continuity of Care - CPT - 99213-99214 - \$75-300

\*SSG provides courtesy billing for OON benefits