



Prescriber Information

Provider Name: _____ Phone: _____ Fax: _____

Primary Contact: _____ NPI: _____

Patient Information

Patient Name: (Last) _____ (First) _____ (MI) _____ Sex: M F

(Include apartment #. Unable to deliver to a P.O. Box)
Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____ DOB: _____

Secondary Contact*: _____ Secondary Phone: _____ Height: _____ Weight: _____

Sleep History & Physical: Must select all that apply

- Disruptive snoring
- Non-restorative sleep
- Choking during sleep
- BMI >30
- Excessive daytime sleepiness (EDS) as evidenced by an Epworth Sleepiness Scale > 10 (ESS)
- Disturbed or restless sleep
- Witnessed apnea event during sleep
- Gasping during sleep
- Frequent unexplained arousals from sleep

Suspected Diagnosis (ICD-10): Other _____

- Obstructive sleep apnea (G47.33)
- Hypersomnia (G47.10)
- Unspecified apnea (G47.30)
- Assessment of Efficacy of Surgery

Does Patient have: CHF? Severity: Mild Moderate Severe
 COPD? Severity Mild Moderate Severe

Patient requests **self-payment of \$250 OR:**

Primary Plan: _____ Subscriber ID: _____ Policy Holder Name: _____ Policy Holder DOB: _____

Secondary Plan: _____ Subscriber ID: _____ Policy Holder Name: _____ Policy Holder DOB: _____

Diagnostic Service Ordered Home Sleep Test (Type III) Oral Appliance Efficacy

Durable Medical Equipment (DME) Provider & Release of Test Results: Provider has patient consent to direct positive test results to the DME provider below for purposes of treatment of the patient. Patient has been advised of their freedom of choice in selecting DME.

DME Name: _____ Phone#: _____ Fax #: _____

Physician Signature _____ **Date** _____

I certify that above home sleep test is medically indicated and is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.

Fax Completed Prescription, Front & Back of the Patient Insurance Card & Recent Clinical Notes to: (866) 216-5200 Customer Service - 877-753-3776 www.bioserenity.com/easyorder



* Secondary = Caregiver, Companion, or Legal Guardian

