



6065 HILLCROFT ST, # 612-, HOUSTON, TEXAS 77081

(800) 314-6499 TOLL FREE (713) 270-7771 PHONE (713) 988-3227 FAX

Website: www.aapexpharmacy.com

Physician's Order
SLEEP APNEA

Date: _____

Patient Name: _____

First

Middle Initial

Last

Street Address: _____

City: _____ State: _____ Zip _____

SSN: _____ Phone: _____

Patient ID Number (Medicare Number) _____

(Medicaid or Medicare Supplemental) _____

Patient Date of Birth _____ Sex: Male Female

1. **EVALUATION:**

- 99214 Sleep Evaluation at the sleep center.
- 95810 Polysomnogram (Includes EEG, EOG, EMG, ECG, SaO₂, airflow, respiratory effort, and leg movement.)
- 95811 Polysomnogram with CPAP/BIPAP (includes the above monitored parameters with continuous positive airway pressure or Bi-level positive airway pressure).
- 95805 Multiple Sleep Latency Test (MSLT) Multiple nap trials to assess sleepiness throughout the day.

2. **ORDER:**

CPAP

BIPAP

OTHER

3. Pressure: _____ cm H₂O (4-20) Ramp Time: _____ minutes 0-45(5 min. increments)

4. Heated Humidifier

Pass Over Humidifier

Comments: _____

Prescribing Physician (Print Physician's Name): _____

Physician UPIN: _____ DEA: _____ Date _____

Address: _____

City, State, Zip: _____

Physician's Phone _____

Physician's Fax: _____

Physician's Signature: _____