

HOME SLEEP TEST ORDER

Alternate Fax: (847) 325-0920 or (888) 234-4541

Patient Name:		DOB:		Preferred Phone:	
Address:		City:		State: Zip:	
Height:	Weight:	Neck Size:	Gender:		
MEDICAL ORDER (This section BELOW may be replaced by an <i>approved</i> Electronic Medical Order)					
Provider Name:			Address:		
Name of Practice:			City:		
Phone:			State:		Zip:
Fax [to send patient test results]:			E-mail:		
<p>By signing below, I attest that based on my examination of the patient and his/her medical history, there is a high probability of Obstructive Sleep Apnea. An unattended, type 3 Home Sleep Test with a minimum of 4 channels (airflow, respiratory effort, SpO2 saturation and heart rate), or type 4 device with 3 or more channels is medically necessary. No co-morbid conditions including, but not limited to, moderate to severe COPD, CHF, OHS, neurodegenerative disorder or cognitive impairment are present that prevent the patient from home sleep testing.</p> <p>Test ordered: Type III or Type IV, unattended, home sleep test for up to 3 nights or other _____</p> <p>ICD-10 code: Default to G47.30 or Other code: _____</p> <p>CPT code: G0399, G0400, 95806, 95800 or 95801</p> <p>Provider Signature: _____ Date of Order: _____</p>					
Patient Clinical Indication and Medical History Details (check all that apply for the patient)					
<input type="checkbox"/> Witnessed apnea events during sleep greater than 10 seconds in duration		<input type="checkbox"/> Non-restorative, disturbed or restless sleep			
<input type="checkbox"/> Excessive Daytime Sleepiness		<input type="checkbox"/> Snoring		<input type="checkbox"/> Gasping/Choking	
<input type="checkbox"/> Atrial Fibrillation (AFIB)		<input type="checkbox"/> Hypertension/High Blood Pressure		<input type="checkbox"/> Daytime Fatigue	
<p>Complete this section ONLY if re-testing the patient Prior DX of Apnea? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, Test Date: _____)</p>					
<p>A new sleep test is indicated due to (check all that apply):</p> <p><input type="checkbox"/> Weight gain or loss (>10% or BMI >5) <input type="checkbox"/> Evaluate therapy effectiveness <input type="checkbox"/> Evaluate need to continue therapy</p> <p>Is the test: <input type="checkbox"/> Pre or <input type="checkbox"/> Post treatment? Indicate type of treatment: <input type="checkbox"/> Surgery <input type="checkbox"/> Oral Appliance <input type="checkbox"/> PAP <input type="checkbox"/> Other</p>					
Patient's Primary / Secondary Insurance			Name of Insured (if not patient):		
Primary Insurance Name:		Group #		ID #	
Secondary Insurance Name:		Group #		ID #	
Send Snap Test Report to DME? <input type="checkbox"/> Yes		DME Name:		Fax:	

Submitting Orders

1. **Complete the Order Form.** Please check all indications that apply and sign/date where indicated.
2. **Provide Clinical Documentation.** Include the clinical note from the patient encounter in which the sleep test was ordered, as well as relevant history and physical information.
3. **Submit the Form and Documentation to Snap.** Orders may be submitted:
 - By fax to **(847) 465-3401**, or alternate fax **(847) 325-0920** or **(888) 234-4541**
 - Online at <https://snapdiagnostics.org>
 - Directly from your electronic health record system (EHR)
4. **Patient Registration.** Patients may register for their test by phone at **(847) 777-0000**, or online. To register using a smartphone, scan this QR code using the phone's camera.



snapdiagnostics.com/register

Electronic Orders

The *Medical Order* section of the form can be replaced with an approved electronic medical order from your EHR. You must still complete all other sections of the form or provide equivalent documentation.

You can also submit your order by Direct message from your electronic health records to Snap Diagnostics' Direct address:

Lab@SleepTest.Direct.kno2fy.com

For providers using electronic health records, Direct messaging ensures efficient exchange of health information, reduces errors, and improves care coordination.

To learn more, visit <https://snapdiagnostics.com/direct-message>

Order Status

Thank you for your referral. Upon receipt of the order, we will reach out to your patient to coordinate delivery of our home sleep test. Once ready, the sleep test results will be faxed to your office. In addition, you may track your order and access results through our secure online portal at <https://snapdiagnostics.org>

To inquire about the status of a test, contact support@snapdiagnostics.com or call **(847) 777-0000**