

## Steps in Completing/Processing a Sleep Order Form

Complete Order Form to Include:

1. **Patient Demographics**
2. **CPT Code** / Study Type
3. **ICD 10** / Diagnosis Code
4. Symptoms
5. Comorbidities / Medical Conditions
6. Physician Signature
7. Attach **History & Physical/Clinical Notes** with physician signature – hand written or an electronic secured signature
8. Check boxes near top of form if requesting a **Pre-Study Consultation** and/or **Post Study – Consultation** for Follow-up Care by a Pulmonologist - Board Certified in Sleep Medicine
9. Fax order form to: 215-453-8105

**Please note:** missing information will delay the process in scheduling a patient's sleep study.