



# At-Home Diagnostics™

5868 Faringdon Place  
Raleigh, NC 27609  
919.521.4613 / 919.790.7724 (fax)

**PATIENT INFORMATION:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ ALT PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ INSURANCE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ NECK SIZE: \_\_\_\_\_

**1. PROVIDE DIAGNOSIS AND CODE(S):** \_\_\_\_\_

**2. FOLLOW THIS WRITTEN ORDER FOR (check box):**

AT-HOME SLEEP STUDY

AT-HOME SLEEP STUDY

OXIMETRY STUDY

OVERNIGHT OXIMETRY STUDY

WITH THE PATIENT ON or OFF CPAP/ BiPAP (circle)

WITH THE PATIENT ON or OFF OXYGEN (circle)

\_\_\_\_\_  
PHYSICIAN SIGNATURE DATE: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN PRINTED NAME NPI #: \_\_\_\_\_

**3. PLEASE COMPLETE:**

REFERRAL LOCATION: \_\_\_\_\_

REFERRAL NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**4. FAX THIS ORDER ALONG WITH PATIENT DEMOGRAPHICS AND \*\*CLINICAL NOTES\*\* TO (919)-790-7724.**

**DO NOT WRITE BELOW LINE - FOR OFFICE USE ONLY**

PATIENT CONTACTED: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

PATIENT WAS INFORMED BY HIS/HER PHYSICIAN WHICH STUDIES ARE TAKING PLACE: \_\_\_ Y \_\_\_ N

PATIENT/CAREGIVER IS COMPETENT AND UNDERSTANDS WHICH STUDIES ARE TAKING PLACE: \_\_\_ Y \_\_\_ N

OTHER COMMENTS: