

Easy Breathe, Inc.

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easybreathe.com
It's supposed to be this easy

Provider Order Form for Home Sleep Test

Patient Contact Information

Name:

D.O.B:

Address:

City:

State:

Zip

Phone:

Email:

Sex:

Height:

Weight:

Does the Patient Sleep on Oxygen at Night?

Yes

No

Provider Contact Information

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

National Provider Identification ("NPI") Number

Diagnosis Code (Select One) and Procedure ("On Room Air" unless noted)

G47.33 Obstructive Sleep Apnea

G47.30 Other & Unspecified Sleep Apnea

Other ICD-10: _____

Procedure:

Type III Unattended Home Sleep Test Portable Recorder: records airflow, respiratory effort, O2 saturation and pulse to detect apnea and hypopnea events, snoring, etc.

Other Comments:

I, the undersigned, certify that by signing below I am ordering a home sleep test for the patient listed above.

Provider Signature: _____ **Date:** _____

(Must be one of the following: Doctor of Osteopathy, Medical Doctor, Physician's Assistant or Nurse Practitioner)

Please sign and return via fax to (877) 883-9709 or via email to fax@easybreathe.com

Outbound Shipping Options (note: if neither option is selected, we send 3-day)

3-Day Shipping No additional charge **Overnight Shipping** \$39.99 additional charge