

Sleep / Nerve Study Referral Form

Ironstone Medical Clinic, Inc.
Sleep & Neuro Diagnostics



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 Website: SleepStudyExperts.com

Please Fax
 This Form & Patient's Demographic to
 (951) 778-0051

Insurance / Case Type: PPO Insurance Medicare Medi-Cal Work Injury Personal Injury IEHP

Patient Name: _____ Phone#: _____

Sleep Study Test Requested:

- T1- Complete sleep evaluation.
- T2- Complete sleep evaluation WITH CPAP/BIPAP Titration .
- T3- Complete sleep & daytime Sleepiness-Narcolepsy evaluation.
- T4- Impairment Rating (WPI %) whole person impairment for workers comp. cases.

Sleep Study Indication/ Diagnosis

Codes

- D1- Difficulty initiating & maintaining sleep 307.42
- D2- Sleep disturbance with excessive daytime sleepiness..... 780.53
- D3- Excessive daytime sleepiness..... 780.51
- D4- Insomnia 780.52
- D5- Insomnia with excessive daytime sleepiness 780.52 and 780.53
- D6- Sleep related choking 780.59
- D7- Shortness of breath 786.04
- D8- Over weight & obesity (BMI between 30.0 & 38.9) 278.0
- D9- Chronic fatigue..... 780.71
- D10- Hypertension 401.9
- D11- Emphysema 492.
- D12- Chronic Pain..... 338.4
- D13- Fibromyalgia..... 729.1
- D14- G.E.R.D..... 530.11
- D15- Other indications / Diagnosis: _____

Nerve Study Request with Indications & Diagnosis: (EMG / NCV)

- N1- Upper Extremities EMG & NCV: Tingling/Numbness (782.0) , Radiating Pain/Numbness (723.4)
 Carpal tunnel syndrome (354.0)
- N2- Lower Extremities EM G&NCV: Tingling/Numbness (782.0) Radiating Pain/Numbness (724.4)

Referring Physician Name: _____

Phone#: _____

Physician Signature: _____

Date: _____