



**COASTAL DIAGNOSTIC TESTING GROUP, Inc**

520 N BAYSHORE DR, COOS BAY, OREGON 97420

PHONE: (541)756-7710 FAX: (541)756-7699

Patient Name: \_\_\_\_\_

(PLEASE PRINT) LAST FIRST MIDDLE INITIAL

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_ , \_\_\_\_\_

Insurance: \_\_\_\_\_ Allergies: \_\_\_\_\_

**POLYSOMNOGRAPHY (please choose only one)**

- HOME SLEEP STUDY       At the Facility (Assisted living)       At the Laboratory
- HOME STUDY TITRATION       At the Facility (Assisted living)       At The Laboratory
- Pap Nap (Assist in pap acclimation)
- Overnight Pulse Oximetry

***Sleep Laboratory requirements: History and physical with sleep history, Overnight oximetry if available, patient demographics and insurance prior authorization, previous sleep study records if applicable.***

**\*If the patient's insurance requires Overnight Pulse Oximetry or Home Sleep Study in order to obtain prior authorization for PSG or Split Night studies, one will be performed without the need of a separate medical request.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Please fax forms to: Coastal Diagnostic Testing Group, Inc Fax: (541) 756-7699**

The Joint Commission requires that all orders be FAXED to the Coastal Diagnostic Testing Group, Inc at 541-756-7699 include a complete list of allergies.