



Clayton Sleep Institute

DIRECT REFERRAL FORM
Phone: 314.645.5855 Fax: 314.645.6446

Date Referring Physician (Printed)
Office Contact Phone Fax
Patient Name DOB SSN
Address City State Zip
Home Phone Cell Phone Work Phone

\*\* INSURANCE INFO IS REQUIRED WITHOUT A READABLE COPY OF INSURANCE CARD(S) \*\*
ALTERNATIVELY, YOU MAY ATTACH A FACE SHEET WITH THIS INFORMATION.

Primary Plan ID# GRP#
Claim Address Phone
Secondary Plan ID# GRP#
Claim Address Phone

\* Please check a test below \*

Table with 2 columns and 4 rows of checkboxes for tests: Split night, Full night PSG, Full night PSG with definite MSLT, Home Sleep Testing- HST, Split night/tentative MSLT, CPAP re-titration, Full night CPAP titration.

Maplewood (2531 S. Big Bend Blvd.) Farmington (555 W. Pine St.) First available

Diagnosis:

Can we order CPAP for your office if the patient is determined to need it? YES NO

Can our sleep specialist discuss results with the patient the morning after testing? YES NO

Current medications:

Medicine changes in prep for PSG? Known allergies:

Other medical conditions:

Does patient require any special assistance? YES (explain) or NO

Physician Signature: Date: