UNC Hospitals Sleep Laboratory Referral Form

Please fax back this referral form, a demographic sheet and clinic notes to **984-974-1668**. If you have any questions, call the sleep lab at **984-974-3294**. ****Please fill the form out completely.****

- ☐ Polysomnography (PSG)
- ☐ Home Sleep Study (HST)
- ☐ Maintenance of Wakefulness Test (MTW)
- ☐ ASV
- ☐ Polysomnography with CPAP/BIPAP (If the patient has not had a recent PSG, then a Standard PSG will need to be ordered)
- ☐ Multiple Sleep Latency Test (MSLT)
- ☐ Actigraphy
- ☐ Parasomnia Protocol

PATIENT INFORMATION: Please fill out information below and include demographic sheet.

Name_____ UNC MRN #_____DOB_____

Street Address_____City_____State_____Zip_____

Preferred Language_____ Interpreter Needed? Yes No

Gender_____ Age_____ Race_____ Pt's Phone Number: _____

Guarantor's Name: _____ Guarantor's DOB: _____ Relationship:_____

Primary Insurance_____ Insurance ID#_____

Secondary Insurance_____ Insurance ID#_____

Referring Physician_____Phone_____ Fax_____

Reason for Referral:

Diagnosis Codes:

Special Instructions: