**www.bettersunrise.com** **info@bettersunrise.com**
**2737 S. Embers Lane** **T (773) 885-7686, F (773) 283-8660**
**Arlington Heights, IL 60005** **NPI: 1265750293**

BETTER SUNRISE
Comprehensive sleep apnea solutions
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## ORDER FOR DIAGNOSTIC / THERAPEUTIC SLEEP TESTING

(PLEASE CHECK ONE:)
___Sleep Diagnostics/Follow-up Titration if Required

PATIENT INFORMATION:

Patient Name: _____ DOB: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Cell Phone #: _____
Email: _____
Health Insurance Plan: _____ ID# _____
Group# _____

HEALTH HISTORY:

Chief Complaint:
_____

History: (please check all that apply)
( ) High Blood Pressure ( ) Diabetes ( ) Heart Disease ( ) CHF
( ) GERD ( ) Currently on CPAP
( ) Other: _____

Symptoms: (please check all that apply)
( ) Snoring ( ) Witnessed Apneas ( ) Daytime Sleepiness ( ) Obesity
( ) Choking/Gasping ( ) Leg Kicking
( ) Other: _____

Diagnosis: (please check ONE)
( ) G47.33 Sleep Apnea w/Mention of Hypersomnia ( ) R06.83 Snoring
( ) I10 Hypertension ( ) E669 Obesity
( ) G47.10 Excessive daytime sleepiness
( ) Other Diagnosis (please specify) _____

Dentist Signature: _____Date: _____
Dentist Name: _____
Address: _____
NPI: _____
Phone: _____ Fax: _____

**PLEASE FAX THIS COMPLETED FORM TO: 773-283-8660**