AdventHealth
Central Texas

Sleep Center Killeen
A hospital department of
AdventHealth Central Texas

O 254-519-8452
F 254-519-8322

Physician Order/Referral Form

Patient Name: _____ DOB: _____

Phone: _____ SSN: _____

Referring Physician: _____

Physician Phone: _____ Fax: _____

Indication for Testing: _____

Diagnosis (ICD-10): _____

Please choose one of the following options:

- ☐ **Option 1:** Refer to Board Certified Sleep Physician, Freddie Morales, MD to do consultation for diagnosis, prescribing treatment and performing clinical follow-up. *Freddie Morales, MD 2301 S Clear Creek Rd. Ste 126, Killeen, TX 76549.*

- ☐ **Option 2**: Ordering Physician will prescribe testing, receive report, prescribe treatment and perform clinical follow-up. If choosing this option, please check procedure to be performed.

  - ☐ CPAP Titration (95811)
  - ☐ Diagnostic Polysomnogram (95810)
  - ☐ Diagnostic Polysomnogram followed by MSLT
  - ☐ Multiple Sleep Latency Test (MSLT) (95805)

Authorization #: _____

Physician Signature: _____ Date: _____

Please list any patient needs that are required (O2, wheel chair, etc.): _____

_____

Required Patient Data:

1. Physician signed History and Physical (if within the past 30 days) **OR** last office note of patient medical history/exams.
2. Insurance Information
3. Previous sleep reports from other facilities if available/applicable.