ID#270121

Easy Breathe, Inc.
11859 Wilshire Boulevard, Suite 602, Los Angeles, CA 90025
Email: info@easybreathe.com Office: (866) 564-2252

easybreathe.com
It's supposed to be this easy

Provider Order Form for Home Sleep Test

Patient Contact Information

Name:		**D.O.B:**	
Address:			
City:	**State:**	**Zip:**	
Phone:		**Email:**	
Sex:	**Height:**	**Weight:**	
Insurance: (for internal use only)	Insurance Verification and Patient Co-Pay are Not Required Select ***"Easy Breathe – Bill to Equipment Supplier"*** as Insurance		

Provider Contact Information

Name:		**Email**	
Address:			
City:	**State:**	**Zip:**	
Phone:		**Fax:**	

National Provider Identification ("NPI") Number

Diagnosis Code (Select One) and Procedure ("On Room Air" unless noted)

☐ 327.23 Obstructive Sleep Apnea
☐ 780.57 Other & Unspecified Sleep Apnea
☐ 780.53 Hypersomnia w/ Sleep Apnea
☐ Other ICD-9______________________________

Procedure:	Type III Unattended Home Sleep Test Portable Recorder: records airflow, respiratory effort, O2 saturation and pulse to detect apnea and hypopnea events, snoring, etc.

"On Room Air" unless the following is checked:

☐ Test on current nocturnal O2 prescription. Patient must already be on O2. We cannot furnish O2.

Other Comments:

I, the undersigned, certify that by signing below I am ordering a home sleep test for the patient listed above.

Provider Signature: ____Date: ________________________

(Must be one of the following: Doctor of Osteopathy, Medical Doctor, Physician's Assistant or Nurse Practitioner)

Please sign and return via fax to (877) 883-9709 or via email to info@easybreathe.com

Outbound Shipping Options (note: if neither option is selected, we send 3-day)

☐ **3-Day Shipping** No additional charge
☐ **Overnight Shipping** $39.99 additional charge