

Carolina Pulmonary & Sleep Clinic

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Board Certified in Pulmonary, Critical Care and Sleep Medicine

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Phone: (919) 439-8580

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Referral Form

O Name: _____ O DOB: _____ O E-Mail: _____

O Insurance Co: _____ O Policy #: _____

O Phone #: (Home) _____ (Cell) _____ (Work) _____

Referring Physician / Provider

O Name _____ O Phone _____ O Fax _____ O NPI (Type 1) _____

Sleep Medicine evaluation for:

- O _____ O Disruptive snoring R06.83 O Hypersomnia G47.10 O Insomnia F51.01
O Obstructive sleep apnea G47.33 O Central apnea O Restless Leg Syndrome G25.81 O Narcolepsy G47.411/419
O Idiopathic hypersomnia G47.11 O Hypoventilation syndromes O Sleep - Wake phase disorder
O Parasomnia (sleep walking, REM behavior disorder) G\$7.52

Sleep Service Requested

- O HSAT – Home Sleep Apnea Test – 95806 O Actigraphy
O Polysomnogram (PSG) – Diagnostic Lab Study - 95810 O MSLT – Multiple Sleep Latency Test - 95805
O CPAP Titration – Therapeutic Lab study - 95811 O MWT- Maintenance of Wakefulness Test
O Split night study –PSG + CPAP If met the AASM criteria O Suggested Immobilization Test (SIT) for RLS
O CPAP Management O PAP naps for CPAP compliance issues
O 24hr Polysomnography

Pulmonary Medicine evaluation for:

- O _____ O Chronic Cough- R05 O Dyspnea - R06.00 O Lung Nodule – R91.1
O COPD – J43.9 O Asthma – J45.909 O Abnormal CXR / CT * O Hemoptysis- R04.2
O PFT / PFT Abnormality * O Pre Op Pulmonary Clearance – Z01.811 O (+) ve PPD O Sarcoidosis / Pulmonary Fibrosis – D86.0
O Pulmonary Hypertension – I27.2 O Lung Cancer – C34.90

Pulmonary Service Requested

- O Pulmonary Function Test O Overnight Oximetry – 94762 O Allergy Skin Testing (AST) - 95004

Physician , NP, PA-C Signature

Date

Name of Referral Coordinator

*Please fax the relevant office notes and test results (PFT, CXR, CT reports) to (919) 463 - 5600