



The Center for Sleep Medicine

The Gold Standard in Sleep Care



ACCREDITED
MEMBER CENTER

www.sleepmedcenter.com

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Suite 1210
Chicago, IL 60611
Phone: (312) 587-3765
Fax: (312) 587-8376

1400 East Golf Road
Suite 225
Des Plaines, IL 60016
Phone: (847) 223-0717
Fax: (847) 768-9925

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10640 West 165th Street
Orland Park, IL 60467
Phone: (708) 364-0261
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2681 Route 34
Oswego, IL 60543
Phone: (630) 554-9330
Fax: (630) 554-9329

SLEEP CENTER REQUISITION FORM

Phone: (312) 587-3765 Fax: (312) 587-8376

Date: _____

Provider: _____

Address: _____

Phone: _____

Fax: _____

PATIENT INFORMATION

NAME: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

PROVISIONAL DIAGNOSIS:

- Obstructive sleep apnea
- Insomnia
- Restless legs/periodic limb movements
- Hypersomnia
- Narcolepsy
- Other: _____

REQUESTED SERVICE

- Diagnostic sleep study
- Titration of nasal CPAP/BiPAP
- Oral appliance evaluation
- Insomnia evaluation and treatment
- Other: _____

Provider Signature

When indicated, supplemental oxygen will be delivered by protocol, and the referring physician will be notified following the study.

Please fax this requisition to the sleep center.

THANK YOU.