



# The Center for Sleep Medicine

*The Gold Standard in Sleep Care*



ACCREDITED  
MEMBER CENTER

[www.sleepmedcenter.com](http://www.sleepmedcenter.com)

900 Technology Way  
Suite 120  
Libertyville, IL 60048  
Phone: (847) 231-4721  
Fax: (847) 231-4722

680 North Lake Shore Drive  
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

1259 Rickert Drive  
Suite 100  
Naperville, IL 60540  
Phone: (630) 527-9950  
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10640 West 165th Street  
Orland Park, IL 60467  
Phone: (708) 364-0261  
Fax: (708) 364-0269

2681 Route 34  
Oswego, IL 60543  
Phone: (630) 554-9330  
Fax: (630) 554-9329

## SLEEP CENTER REQUISITION FORM

Phone: (847) 231-4721 Fax: (847) 231-4722

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.**