



The Center for Sleep Medicine

The Gold Standard in Sleep Care



ACCREDITED
MEMBER CENTER

www.sleepmedcenter.com

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Naperville, IL 60540
Phone: (630) 527-9950
Fax: (630) 527-9953

680 North Lake Shore Drive
Suite 1210
Chicago, IL 60611
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1400 East Golf Road
Suite 225
Des Plaines, IL 60016
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900 Technology Way
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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: (630) 527-9950 Fax: (630) 527-9953

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.