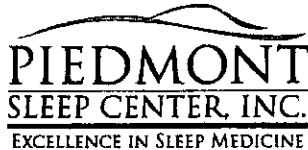


Sleep studies, Home studies, Consultation & CPAP setup and CPAP Clinics
 30 years of trusted care and experience
 *We precert all studies for you
 Registered Sleep Techs



Breathe Easy While You Sleep

Prescription - Certificate of Medical Necessity

All necessary supplies are sold to the patient under this prescription

Dr. Sever Surdulescu, Medical Director

(Lake Norman Pulmonary & Sleep)

Board Certified in Sleep Medicine

www.piedmontsleepcenter.com

All Locations

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828-322-3160 Fax

Triple Accredited

* Lowest out of pocket

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Check here if you want consultation with Dr. Surdulescu prior to any sleep studies performed.

Three Locations:

- 302 Mulberry St SW

Lenoir, NC 28645

(Across from Caldwell Memorial Hospital)

We do telemedicine consultations also

- 1070 Lenoir Rhyne Blvd SE

Hickory, NC 28602

(Lower Level of Eye Care Center)

We do telemedicine consultations also

- 123 Wamsutta Mill Rd., Suite B

Morganton, NC 28655

(in Freedom Square office condo)

We do telemedicine consultations also

Physician's Name _____

Physician's NPI # _____

Nurse/Contact Person _____

Phone _____ Email _____

Fax _____

(check all that apply):

- R/O OSA HKTN
- H/O CHF H/O CVA
- Severe Snoring
- Sleep Disturbance
- Pulmonary HTN
- H/O Ischemic Heart Disease
- Evaluate for Narcolepsy
- Hypersomnia/Excessive Daytime Sleepiness

Test To Be Performed:

- 95810-PSG in sleep lab Height _____
- 95811-Split sleep study in sleep lab
- 95806-Home sleep study PSG Weight _____
- 95811-CPAP sleep study in sleep lab
- 95805-Multiple Sleep Latency-MSLT BMI _____

(Order MSLT) NOTES: _____

*DIAGNOSIS CODES (ICD-9): _____

*Patient's Name & Date of Birth _____

*Please fax us insurance card (front and back), patient demographics, and any clinical notes. *Note: You may also send your script with patient's name, test to be performed, along with patient demographics. This is also an acceptable order.

***If PSG is positive for OSA, may we proceed with a CPAP titration study? Yes _____ No _____

(Hickory only)

Would you like patient to have a follow-up consultation with Dr. Surdulescu to go over sleep study results & set up at a DME?

Yes _____ No _____

Referring Physician will follow-up after sleep study and set up at a DME. Yes _____ No _____

I certify that I am the treating physician identified in Section A. I have the Certificate of Medical Necessity and any statement here has been reviewed and signed by me. I certify that the medical necessity information in Section B is true and accurate and complete, to the best of my knowledge. I certify that the above test ordered is medically necessary in the treatment of this patient. This sleep study includes tape, electrodes, in lab DME cPAP titration equipment, headboxes, paste cPAP mask, tubing and all supplies needed to fill prescription order by Physician if needed.

PHYSICIAN'S SIGNATURE _____

DATE _____