



**PRESCRIPTION**  
**OVERNIGHT PULSE OXIMETRY**

**PATIENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

---

**Reason for Study** (Chose one)

To access O2 Saturation

- ☐ during Auto CPAP (APAP)
- ☐ during Fixed Pressure CPAP
- ☐ during BiLevel PAP therapy
- ☐ while using Oral Appliance
- ☐ after Upper Airway Surgery
- ☐ after Pillar Implants
- ☐ after Jaw Advancement Surgery
- ☐ during Provent Therapy
- ☐ Shortness of breath/dyspnea
- ☐ Qualify for oxygen
- ☐ Other \_\_\_\_\_

---

**Study Type** (Chose one)

- ☐ Initial
- ☐ Follow up

---

**Breathing** (Chose one)

- ☐ Room Air
- ☐ Oxygen (Chose one below and specify flow rate \_\_\_\_ LPM)
  - ☐ Nasal Cannula
  - ☐ Mask
  - ☐ CPAP Bleed in

---

**Diagnosis** (Check at least one or all that apply)

- ☐ Hypoxemia Sleep Related (ICD-9/327.26)
- ☐ Obstructive Sleep Apnea (ICD-9/327.23)
- ☐ Hypoxemia Unspecified (ICD-9/799.02)

**PHYSICIAN ORDER: Overnight Pulse Oximetry (CPT-4: 94762)**

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FAX To:**  
**Medical Diagnostic Solutions**  
**877-611-6844**