

Certificate of Medical Necessity

Patient (Last, First, MI) Insurance ID#/Carrier Patient Address				Today's Date Date of Birth (mm/dd/yyyy)				
				_			_	
_			Wo	ork Phone _			(
Email				(*indicated preferred method to con				
Height	Weight (or BM	I) Epwo	rth Score _		Male 🗌	Fema	ale 🗌	
			Prescribing	Physician:			on file	
✓ Transportation/Positive ID			Name/Titl	۵٠				
CDL SLEEP STUDY								
"HIGH PROBABILITY OF OSA"								
	(ESS≥10, BMI≥30 & symptoms (√	holow))	City:		ST:			
	(E33210, Bivil230 & Symptoms (V	below))	Zip:	F	Phone:			
	☐ Positive ID Bracelet Requi	red	Transmit	esults by:				
D Bracelet to be applied/attested to by: Prescribing Physician				∟ га	X:			
				ail:				
	□Notary Pub	olic						
Does pat	tient have a permanent pacei	maker?	No	Is the pa	atient on Oxyge	en? [☐ Yes ☐ No	
				· ·				
٧ 	Sleep History / Cond		-			ast o		
	ud, Disruptive Snoring	Ischemic Heart			aired Cognition		Diabetes	
Wit	nessed Apnea > 10 sec.	Chronic Fatigue)	Moo	d disorders		Elongated Soft Pa	
	sping or Snorting (During Sleep or	Hypertension		Inso	mnia		Nasal Obstruction	
	on Waking Up) cessive Daytime Sleepiness	History of Strok	re .	☐ Obe	sitv		Swollen Turbinate	
							owenen raibinat	
INIO	rning Headache	Please List any medicati	ions raken:					
	Duite -	Dia4i - 10i	0 0 01	. / - -	\			
	Prima '.23 Obstructive Sleep Apnea (Adult	ry Diagnostic ICI		Sleep Apnea		1 Porio	dic Limb Movement	
	Pediatric)	<u> </u>			Disor	rder		
327	'.21 Primary Central Sleep Apnea	347.00 Narco	lepsy withou	without Cataplexy		327.31 Delayed Sleep Phase		
307	'.46 Sleepwalking, Sleep Terrors	347.01 Narco	lepsy with C	ataplexy	496.0	COPD		
Dhysisis	n Signature	Data		Dhysisis	n Name (printe	ط/		
Pilysicia	iii Sigilature	Date		FilySicial	ii Naine (printe	u)		
B v sig	ning below, I acknowledge that I h	ave received and read	1st Line Me	dical Inc 's P	Privacy Financial	and Re	sponsibilities Polic	
Statement	ts and agree to participate in the D	iagnostic Service.	TOUR LINE IVIE	a.oui, 1110. 3 F	iivacy, i mancial	and INC		
		Patie	ent Signatui	е			Date	
Submit	via FAX #· 800-918-7860)			Phone	Numbe	er: 866-720-8080	