



**ADVANCED
NEUROSCIENCE CLINIC
& SLEEP CENTER**

MANOHER L. GURRU, M.D.

Board Certified in Neurology • Board Certified in Sleep Medicine • Certified Neuroimager
Board Certified in Clinical Neurophysiology (Sleep, EMG, NCV, EEG & Evoked Potential)

Date: _____

Patient Name: _____ **DOB:** _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Social Security #: _____ **Insurance Type:** _____

Group Number: _____ **Policy ID Number:** _____

Check Applicable Symptoms / Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Unspecified Sleep Apnea (780.57) | <input type="checkbox"/> Difficulty falling asleep at night |
| <input type="checkbox"/> Excessive Daytime Sleepiness or Fatigue (780.54) | <input type="checkbox"/> Periodic Limb Movement Disorder (327.51) |
| <input type="checkbox"/> Snoring (786.09) | <input type="checkbox"/> Restless Leg Syndrome (333.99) |
| <input type="checkbox"/> Hypertension (401.9) | <input type="checkbox"/> Difficulty waking up in the morning |
| <input type="checkbox"/> Sleep Disorder (370.47) | <input type="checkbox"/> Morning Headaches (784.0) |
| <input type="checkbox"/> Insomnia (780.52) | <input type="checkbox"/> Other _____ |

Ordering:

- Sleep Consultation
- Sleep Study (Diagnostic Polysomnogram & CPAP Titration in two separate nights & follow up)
- Split Night Study
- Diagnostic Polysomnogram (PSG)
- Bi-Level/CPAP Titration only (Already has a diagnosis of OSA)
- Diagnostic Polysomnogram followed by a Multiple Sleep Latency Test (MSLT)
- Titrate Oxygen Therapy: (To obtain the _____ LPM of Oxygen to maintain a SpO2 of _____ %)

Appointment Date _____ **and Time** _____ **Location:** 702 Andrews Hwy, Midland, TX 79701

Please Fax:

Orders, Demographics and Insurance Card to 432-570-9998

Ref Physician's Name: _____

Ref Physician's Signature: _____