



Alexandria Office
6355 Walker Lane, Suite 313
Alexandria, VA 22310

Falls Church Office
7115 Leesburg Pike, Suite 201
Falls Church, VA 22043

Telephone: 703.313.9111
Fax: 703.313.4945

Lorton Office
9010 Lorton Station Blvd, Suite 223
Lorton, VA 22079

Reston Office
12007 Sunrise Valley Drive, Suite 120
Reston, VA 20191

Referring Physician: _____ Office Phone: () _____
Patient Last Name: _____ First: _____ Phone: () _____
Insurance Co: _____ Insurance Phone: () _____
Policy ID #: _____ Group ID #: _____
Suspected Diagnosis/Symptoms: _____

Service Requested (Please check all that apply):

- Comprehensive sleep evaluation: sleep medicine consultation and testing, as needed.**
Evaluation and treatment for sleep disorders including sleep apnea, insomnia, parasomnias, narcolepsy, restless leg syndrome, and circadian rhythm disorders.
- Testing only (please circle one below):**
- Polysomnogram (PSG) Split Night PSG Full Night Positive Airway Pressure (CPAP/Bi-level) Titration
 - Multiple Sleep Latency Test (MSLT) Maintenance of Wakefulness Test (MWT)
 - In-Home (unattended) Portable Monitoring for Sleep Apnea
- CPAP management clinic: indicated for patient with diagnosed sleep apnea who is seeking continued CPAP management, improved compliance, and optimized sleep quality, or alternatives to CPAP.**

Referring Physician's Signature: _____ Date: _____

Fax completed referral form to (703) 313-4945. Include copies of the front and back of the patient's insurance card. Integrated Sleep Services will preauthorize your patient. Call (703) 313-9111 if you have any questions. Updated: 4/5/18