

Glendale Sleep Disorder Center

Gautam Ganguly, M.D., F.A.A.N.E.M.

Medical Director

Diplomate of American Board of Sleep Medicine

Patient Information

Name:..... Date of Birth:.....
Social Security Number:..... Home Tel:.....
Home Address:..... Work Tel:.....
Insured's Name Insurance Company
Insured's Date of Birth Phone #
Insured's S.S. # Policy.....

Patient complaints

Excessive daytime sleepiness (example: falling asleep while driving) Loud snoring Frequent arousals
 Apnea (witnessed by partner) Morning headaches Hypertension
 Symptoms of narcolepsy (hypnologic hallucinations, sleep paralysis, cataplexy) Night time sweats Other _____

Type of Study Requested (circle one):

- Overnight Polysomnogram
- Split night study (50/50 study), an overnight polysomnogram followed by CPAP/ BIPAP titration if criteria is met
- CPAP/ BIPAP titration
- Multiple Sleep Latency Test
- Sleep Consultation
- If uncertain, please call Dr. Ganguly at (818) 551-1220

Referring Physician

Letter of Medical Necessity

The above listed symptoms are consistent with the presence of Obstructive Sleep Apnea Syndrome, a life threatening disorder. The findings warrant the medical necessity of overnight polysomnographic evaluation of this patient to assess the presence and severity of obstructive sleep apnea.

Name of Physician: Specialty:

Office Address: Office Tel:

NPI #: Office Fax:

Please be sure to fax this form along with a copy of the patient's insurance card.

Fax: (818) 450-0341

GLENDALE Location:

1648 Victory Blvd.
Glendale CA 91201

Phone: 818.551.1220 / Fax: 818.450.0341

MONTEBELLO Location:

433 N 4TH St., Suite 215
Montebello CA 90640