



Registered Portable Monitoring, LLC  
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Procedure: Home Sleep Test – Diagnosis code G47.33

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Sleep Test (HST) for suspected sleep apnea

Clinical indications for HST (Check all that apply)

Snoring                       Daytime Sleepiness     Fatigue                       Diabetes                       Witnessed Apnea  
 Hypertension                       Obesity                       Depression                       Morning Headaches  
 Male 17” neck / Female 16” neck                       Epworth >10

Perform HST only and return patient to ordering physician for study review and management.

Perform HST, if positive send report to ordering physician and refer patient to medical specialist of their choice for therapy options.

Referring Physician (Please Print) \_\_\_\_\_

NPI NUMBER \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_