



**TRANSCEND  
MEDICAL**

Going Beyond The Limits

**Overnight Oximetry Order Form**  
**800-403-3740**  
**256-259-1498 fax**

**Patient Name:** \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

***Or attach Demographic Page***

**Insurance** \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone # \_\_\_\_\_ Group # \_\_\_\_\_

**Insurance** \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone # \_\_\_\_\_ Group # \_\_\_\_\_

**Ordering Provider:**

Last Name/First Name \_\_\_\_\_ NPI# \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**PROCEDURE: Overnight Pulse-Oximetry (CPT 94762) all test on room air unless checked**

\_\_\_ On Oxygen at \_\_\_ lpm      \_\_\_ On Cpap      \_\_\_ On BiPap

G47.30 Sleep Apnea UNSP	G47.9 Sleep Disorder UNSP	G47.33 OSA	G47.31 Primary Sleep Apnea
I50.9 Heart Failure UNSP	C34.90 Lung Ca -UNSP	G47.10 Hypersomnia UNSP	I27.0 Primary Pulmonary HTN
J44.9 COPD	R06.06 SOB	R06.00 Dyspnea UNSP	R06.83 Snoring
J43.9 Emphysema UNSP	R53.81 Malaise	G47.00 Insomnia UNSP	R09.01 Asphyxia/Hypoxia
J45.909 UNSP Asthma	R53.82 Chronic Fatigue UNSP	R53.83 Other Fatigue UNSP	R09.02 Hypoxemia
I11.0 HTN Heart disease w HF	R06.81 Apnea NEC	I48.91 Atrial Fib UNSP	Other

**Date Patient Last Seen:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notes** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Physician Signature:** X \_\_\_\_\_ **Date** \_\_\_\_\_

**FAX TO 256-259-1498**