



PHYSICIAN ORDER FORM



Patient Testing, Support, and Results Validated by:
IDS Inc, Independent Diagnostic Testing Facility
1316 Commerce Dr. NW, Decatur, AL 35603 (800)-355-0691

IDS-06-07

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PATIENT Sex: ( M or F ) Date of Birth:
Last Name: First Name:
Address: City:
State: Zip: Phone: ( ) -

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PHYSICIAN UPIN: (or) NPI:
Last Name: First Name:
Address: City: State: Zip:
Phone: ( ) - Fax: ( ) -

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HME / COURIER OF EQUIPMENT (local HME/DME company used to deliver test equipment) (REQUIRED)
HME Name:
HME Address:
HME City,State,Zip:
HME Phone:

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DIAGNOSIS CODES (REQUIRED):
O 496. COPD O 327.23 Obstructive Sleep Apnea
O 162.9 Lung Cancer O 786.05 SOB O 780.51 Insomnia w/Sleep Apnea
O 416.0 Pulmonary Hypertension O 786.09 Dyspnea /Snoring O 780.53 Hypersomnia w/Sleep Apnea
O 428.0 CHF O 780.79 Fatigue O 780.57 Sleep Apnea
O 492.8 Emphysema O 799.01 Asphyxia O .
O 493.20 Chronic Obstructive Asthma O 799.02 Hypoxemia O .

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CPT: 94762 Standard Overnight Oximetry Recording
(Pulse oximetry recording performed during sleep while on room air, unless noted below)

Comments: On Oxygen at lpm On CPAP at cm/H20 On BiPAP

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Physician Signature: Date:

This order is valid one-time only within 30 days of signature date.

FAX COMPLETED ORDER FORM TO IDS at 1-888-771-5146 (TOLL FREE)

CMS requires that an IDTF must have a written order prior to any testing being performed.