



STAR CPD SERVICES LLC

OFFICE: 1-866-586-8919

FAX: 1-866-586-8918

www.starcpdservices.com

PHYSICIAN ORDER

Patient: _____ SS # _____
Address: _____ City: _____ State & Zip _____
Phone _____ Alternate Phone: _____

Insurance Information (PLEASE FAX COPIES OF INSURANCE CARDS)

Primary Ins _____ Policy # _____
Group# _____ Address: _____ City: _____
State & Zip: _____ Phone: _____
Secondary Ins _____ Policy# _____
Group# _____ Address: _____ City: _____
State & Zip: _____ Phone: _____

Physician Name: _____ NPI _____
Address: _____ City _____ State & Zip _____
Phone: _____ Fax: _____

Diagnosis:

____ 786.05 Shortness of Breath ____ 496 COPD ____ 428 CHF ____ Obesity ____ OSA
____ 518 Other Respiratory ____ 780.50 Sleep Related Disorder ____ Other _____

Respiratory Diagnostics ordered by physician: (services offered Nationwide)

____ Electronic Download (DME to transport equipment to pt & upload to Star secure system)
____ Home Sleep Test (level III) with 2nd nite CPAP/BPAP if needed

Diagnostics offered in Texas only

____ Home Sleep Test (level III) ____ Polysomnogram w 2nd nite CPAP/BIPAP (if needed)
____ Pulmonary Function Assessment, Evaluation of Wheezes, Pulse Oximetry at rest, ambulating, recovery on O2, overnight (if needed)

Physician Exam (for Home Sleep Study)

Obesity Loud Snoring Headaches Depression ___ Hypertension Enlarged Neck
Comments:

Physician Signature _____ **Date** _____
Fax copy to: (DME Name) _____ Fax: _____
Phone: _____ State _____