

West Coast Diagnostics

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Patient Demographic/Dr Prescription Form

Patient name: _____ DOB : _____

Address: _____ Phone : _____

Primary Insurance: _____ Policy: _____

Secondary Insurance: _____ Policy: _____
(please provide copies of patients insurance cards)

____ CPT: 94621: Cardiopulmonary exercise stress test with prolonged exercise on room air and oxygen @ _____ l/m or titration if needed includes FVC, CO2 production, O2 intake and ECG.

____ CPT: 94762: Overnight Pulse Oximetry test done on room air and or on oxygen @ _____ l/m to determine adequate liter flow of oxygen needed.

____ CPT: G0399: Unattended Home Sleep Study

____ CPT: 95705/95819: Overnight/daytime EEG study- identify abnormal sleep patterns, Insomina, evaluate sleep quality on and off CPAP, evaluate dose/response effect of CNS medication and memory inpared night/day.

ICD-10 codes: ___ J441 – COPD ___ R0602- SOB ___ R0689- Other Abnormalities of breathing
___ 15041- Acute Combined Systolic/diastolic CHF ___ G4733- Obstructive Sleep Apnea (adult/ped)
___ G4731-Primary Central Sleep Apnea ___ G4739- Other Sleep Apnea ___ F51.03,F51.09,G47.01
Hyposomnia ___ G47.11, G47.08, R53.83-Hypersomina ___ F51.12, F51.19- Hypersomnia with
comorbid depression ___ F41.09-Sleep quality mental state ___ G31.84- Memory Impacted by sleep
quality.

Physician Name: _____ Phone: _____ Fax: _____

Physician Signature: _____ Date: _____

NPI: _____

DME: _____ Phone: _____ Fax: _____