



Home Sleep Test Order Form

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When purchasing a sleep study from Snoosz.com, please [register an account](#), log in and upload this completed form as an Rx/Prescription. This completed form can also be faxed to Snoosz at 646-215-6438.

NAME:

HOME STREET:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

MOBILE TEL:

CAN SNOOSZ SEND TEXT ALERTS REGARDING THIS TEST IF NEEDED? YES NO

CLINICAL INFORMATION:

MALE: FEMALE: AGE:

HEIGHT-WEIGHT: ft. in. lbs. = BODY MASS INDEX (BMI):

INDICATORS: SNORING WITNESSED APNEA FREQUENT AWAKENING GERD
HIGH BLOOD PRESSURE DIABETES HEART DISEASE ARRHYTHMIAS

MEDS/OTHER HISTORY:

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Please enter 0, 1, 2 or 3 in the boxes to the right of the situation described:

CHANCE OF DOZING: 0: Never, 1: Light chance, 2: Moderate chance, 3: High chance

SITUATION:

CHANCE OF DOZING:

Sitting and Reading.....

Watching TV.....

Sitting, inactive in a public place (eg, theater or a meeting).....

As a passenger in a car for an hour without a break.....

Lying down in the afternoon when circumstances permit.....

Sitting and talking to someone.....

Sitting quietly after a lunch without alcohol.....

In a car , while stopped for a few minutes in traffic.....

Epworth Sleepiness Scale Total:

PHYSICIAN NAME:

TEL:

NPI:

I, the patient undersigned, understand the WatchPAT One device is a disposable, one time use only product and is not returnable for a refund. Even though the WatchPAT One is a proven accurate diagnostic tool, I understand the data recorded may still return inconclusive results that may require further physician follow up and more detailed evaluation for a diagnosis:

PRINT NAME:

SIGNATURE: