



Georgetown Sleep Center

Experienced care to put your sleep problem to rest.
Accredited by the American Academy of Sleep Medicine.

Jim Curlee, DO

C. Keilty Darnall, MD

PROVIDER'S ORDER FORM

Patient's Name: _____ DOB: _____

Patient's Phone No.: _____ Insurance: _____

Reason for Consultation: _____

Comments: _____

Georgetown Sleep Center

- Consultation, Sleep Study (if indicated) and Follow Up
- Pulmonary Function Testing Only
 - Spirometry
 - Pre and post bronchodilator (if indicated)
 - Lung Volumes (if indicated)*
 - Diffusion Study (if indicated)*

**Lung Volumes and Diffusion Study require Spirometry for valid interpretation*

Georgetown Durable Medical Equipment

- CPAP w/heated humidification, _____ cm water
- Auto-CPAP w/heated humidification at _____ cm water to _____ cm water
- BI-PAP w/heated humidification, IPAP ____ EPAP ____ pressure support ____ cm water
- CPAP/BI-PAP Supplies _____

Ordering Provider: _____ UPIN/NPI: _____

Telephone: _____ Fax: _____