



Georgetown Sleep Center

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

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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
- Ideal Protein
- Polysomnography (PSG) w/ MATRx

Georgetown Sleep Equipment & Supplies

- 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: _____

Date: _____