

Home Sleep Apnea Direct Testing Fax Form:

Broward Pulmonary and Sleep Specialists

Frank Hull MD

10059 NW 1st Court

Plantation, FL 33324

Fax 954-522-1840 Tel 954-522-7226x1

Referring Physician Name:

Referring Physician Fax:

Referring Physician Email:

Patient Name:

Patient Date Of Birth:

Patient Phone Number and/or email:

Home Sleep Study Ordered:

\$200 Alice NightOne* (*Patient to pickup the recording device and dropoff the next day*)

\$300 WatchPAT One** (*Patient to pickup device/ or it can also be mailed, the device is disposable/recyclable and no drop off is required by the patient*)

All studies are then scored and read by **Frank Hull MD** (Fellow American Academy of Sleep Medicine, Dual Boarded in Sleep Medicine)

Within 3 business days interpreted studies with **final sleep study reports** will be **faxed back to referring Physician/Practice.**

***Alice NightOne** (*Level 3 Device monitoring Nasal Pressure/Flow, Snoring, Position, Respiratory Effort and Pulse Oximetry*)

****WatchPAT One** (*Pulse Arterial Tone Disposable Device, Measures PAT Signal, Tracheal Airflow, Snoring, Position and Pulse Oximetry. Requires Smartphone for companion application download and bluetooth to device* which downloads data and transmits completed study to a central database for scoring)

If required **we can help with obtaining DME** (CPAP/BiPAP) and assessing the patients who fail for PAP.

We can also evaluate and care for patients for alternative therapies other than CPAP like the **Inspire Device hypoglossal nerve stimulator** (Obstructive Sleep Apnea) and the **Remede Device diaphragmatic pacemaker** (Central Sleep Apnea).