

Midwest Sleep Institute

Mohammad Kagzi M.D.

Diplomat American Board of Sleep Medicine

6440 Grand Avenue, Suite 105

1 Tiffany Pointe, Suite G16

Gurnee, IL 60031

Bloomingtondale, IL

Ph: 847-855-9700

Fax: 847-855-8990

Referring Physician's Name: _____

Office Telephone Number: _____ Fax: _____

Patient's Name: _____

Address: _____

Best Ph. # to call: _____ Alternate. Ph. #: _____

Please Fax an Enlarged Front and back copy of Insurance card

Diagnosis:

- | | |
|--------------------------|------------------|
| 1. Heavy snoring | 7. Others Reason |
| 2. Daytime fatigue | _____ |
| 3. Sleep Apnea | |
| 4. Restless Leg Syndrome | _____ |
| 5. Insomnia | |
| 6. Hypersomnia | |
| 7. Narcolepsy | |

Type of Study: Please circle one

- 1. Evaluation and Treatment**
- 2. Diagnostic Polysomnography (PSG)** (6 hour diagnostic polysomnography)
- 3. CPAP Titration study** (6 hour continuous positive airway pressure titration study)
- 4. Split Night** (2 hours diagnosis, 4 hours CPAP treatment study)
- 5. PSG with MSLT** (PSG followed by daytime Multiple Sleep Latency Test, to diagnose Narcolepsy and idiopathic hypersomnolence)
- 6. PSG with MWT** (PSG followed by daytime Maintenance of Wakefulness Test, to evaluate alertness specially of Truck drivers and Pilots)

Sleep For Life, Quality Sleep for a Quality Life