

Home Sleep Apnea Direct Testing Fax Form

Broward Pulmonary and Sleep Specialists

Frank Hull MD

10059 NW 1st Court

Plantation, FL 33324 and no drop off is required by the patient

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

Referring Physician Information

Physician Name:

Physician Fax:

Physician Email: Will be faxed back to referring Physician/Practice.

Patient Information:

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

All studies are then scored and read by Frank Hull MD

Within 3 business days interpreted studies with final sleep study reports

*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,