Prescription Order Form

Pediarity™ System (including the Gabi device) for Overnight Oximetry Recording

hinlab

PATIENT INFORMATION

PATIENT'S NAME

DATE OF BIRTH

GENDER

ADDRESS

PHYSICIAN INFORMATION

NAME

NPI

DATE

EMAIL ADDRESS

PHONE

PRESCRIPTION

PRESCRIPTION VALID FOR 12 MONTHS. IF OTHER, SPECIFY:

START DATE

MEDICAL JUSTIFICATION FOR PULSE OXIMETER RECORDING

- ☐ Snoring / choking / pauses in breathing / mouth breathing
- ☐ Head banging, racking
- ☐ Awakening crying, fearful, confused
- ☐ Depressed mood
- ☐ Nocturnal seizures
- ☐ Behavioral or learning problems
- ☐ Bedwetting
- ☐ Irritable in daytime
- ☐ Restless sleeper / light sleeper / heavy sleeper
- ☐ Insomnia
- ☐ Daytime sleepiness / difficulty awakening
- ☐ Enlarged tonsils
- ☐ Sleepy in school
- ☐ Short attention span
- ☐ Grinding teeth
- ☐ Problematic peer interactions
- ☐ Bedtime struggles
- ☐ Fear of going to sleep / Nightmares
- ☐ Sleep walking / sleep talking
- ☐ Recurrent tonsillar infections
- ☐ Headaches
- ☐ Asthma attacks at night
- ☐ Awakening too early
- ☐ Sleep paralysis

PRODUCT

Pediarity™ System (including the Gabi device) for Overnight Oximetry Recording | Qty: 1 (One)

WHERE SHOULD WE SEND THE SLEEP REPORT? REQUIRED

EMAIL OF PROVIDER, ASSISTANT, NURSE OR OFFICE MANAGER

Sleep Reports are delivered by email only. Reports are sent via a secure, HIPAA-compliant link. Without an email, your patient's results might be delayed.

SIGNATURE