



ZMACHINE AUTHORIZATION FORM

General Sleep Corporation
26250 Euclid Ave., Suite 709
Euclid, OH 44132

PATIENT INFORMATION

Name _____

DOB _____ Gender M F

Preferred Phone _____ Mobile Home Work

We will contact patient to schedule payment and delivery.

CLINICIAN INFORMATION

Name _____ Degree or NPI _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

ZMACHINE ORDER

Zmachine model:

- Insight
- Insight+ (includes feedback)

Diagnosis / Reason for Order _____

Special Requirements _____

Clinician Signature _____ Date _____

Please FAX this **signed** form to (216) 393-0079,
EMAIL to info@generalsleep.com, or CALL us at (216) 289-2331.