ORDER FOR ADULT SLEEP STUDY
Please complete in full and fax to
(800)-317-5343

Patient Name:____ **Date of Birth:**____________________________________

SS#:_______________________________________ **Diagnosis Code (must be filled out):**_________________________________

Address:____

Home Phone:________________________**Wk Phone:**__________________________**Cell Phone:**__________________________

Insurance Co:____**Employer:**____

ID #: ____ **Group:#:**____

Insured Name:____

__________ **Baseline Polysomnography (CPT 95810) -** Possible **Split Study** if patient meets protocol then a CPAP (CPT 95811) will be performed. Split performed only after 120 min of sleep time with AHI greater than 30 events/hr. Or a patient has had 60 minutes of sleep with at least 60 respiratory events.

Home Sleep Test if patients insurance requires one based on patients health (CPT 95806)

Please answer the below questions about the patient, these questions are required to determine the appropriate test.

Has patient been diagnosed with chronic pulmonary disease? Yes or No
Has patient been diagnosed w/neuromuscular or neurodegenerative disease? Yes or No
Has patient been diagnosed with congestive heart failure? Yes or No
Is there suspicion of periodic limb disorder (restless leg syndrome), parasomnias, narcolepsy, or central/complex sleep apnea? Yes or No
Is patient on continuous O2 therapy, which cannot be removed for testing? Yes or No
Does patient exhibit cognitive impairment or lack the mobility or dexterity to use home sleep equipment safely at home? Yes or No

__________ **CPAP (CPT 95811)**__________ **Bipap Titration (CPT 95811)**__________ **ASV (CPT 95811)**

__________ **MSLT (CPT 95805)-Approval by Medical Director**

_____ **Other Test** ____________________________________ **Code:** _______________________________

Ordering Physician:____

Physician Signature: ____ **Date:**______________________

Phone:____ **Fax:** ____

After contacting the patient, we will notify you of the appointment date. We will send all test preparation information to the patient.

THANK YOU-WE APPRECIATE THE REFERRAL

If you have any questions about scheduling, please contact us at (800) 317-3600.

Updated: 12/17/2014