SLEEP STUDY ORDER FORM

Patient's Name: _____ Date of Birth: _____ □ Male □ Female

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

SYMPTOMS

□ Observed apneas
□ Loud snoring
□ Excessive sleepiness
□ Chronic fatigue
□ Drowsy driving
□ Leg restlessness /jerks
□ Sleep walking/talking
□ Nocturnal behaviors
□ Frequent awakenings
□ Morning headaches
□ Choking/gasping during sleep
□ Cataplexy hallucinations
□ Prior OSA diagnosis
□ Other _____

SUSPECTED DIAGNOSIS

□ Obstructive Sleep Apnea
□ Circadian Rhythm Sleep Disorder
□ Parasomnias
□ Sleep-Related Movement Disorder
□ Restless Legs Syndrome
□ Narcolepsy
□ Other _____

SERVICES REQUESTED

□ Polysomnography (PSG) studies
- □ Diagnostic study only (1 night): CPT 95810
- □ Titration study only (1 night): CPT 95811
- □ Diagnostic study followed by titration study if certain requirements are met (2 nights): CPT 95810 / 95811
- □ Pediatric diagnostic study (< 6 years of age): CPT 95782
- □ Pediatric titration study (< 6 years of age): CPT 95783

□ Home sleep apnea test: CPT 95800, 95801, 95806 / G0398, G0399, G0400
□ Multiple sleep latency test: CPT 95805
□ Maintenance of wakefulness test: CPT 95805

Should any of the patient's medications be discontinued prior to, or on the night of, the sleep study? □ Yes □ No
Special Instructions: _____
_____

My signature below attests to the following:

I, the referring physician, have evaluated this patient by sleep appropriate medical history (signs and symptoms, symptom duration, sleep hygiene survey) and physical examination (focused cardiopulmonary and upper airway, neck circumference, BMI) and have concerns for the presence of one or more of the above listed symptoms and suspected diagnoses. Documentation of my clinical evaluation is included with this request.

Physician's Signature: _____ NPI: _____ Date : _____
Printed Name: _____ Phone: _____ Fax: _____
Address: _____

Please fax order form, patient demographics, insurance card and clinical notes to selected location.

□ Anchorage Office
2421 East Tudor Road, Suite 102
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Fax: (907) 677-8886

□ Wasilla Office
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Soldotna, AK 99669
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