

## SLEEP STUDY ORDER FORM

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**PLEASE ATTACH:**

- ✓ **Demographic sheet**
- ✓ **Insurance information**
- ✓ **Recent clinical note**  
*to include history & physical exam*

### Ordering Information for Polysomnogram

Please indicated the type of polysomnogram (PSG) needed:

- Diagnostic PSG, 6 years+ (95810)**
- Diagnostic PSG, 3 months to 5 years (95782)**
- PSG + PAP titration, 6 years+ (95811)**
- PSG + PAP titration, 3 months to 5 years (95783)**

Please indicate any/all symptoms present:

- Snoring
- Apnea
- Mouth breathing
- Daytime sleepiness
- Frequent awakenings
- Enlarged tonsils
- Restless sleep
- Other \_\_\_\_\_

#### Suspected Diagnoses:

- Sleep Apnea
- Obstructive Sleep apnea
- Central Sleep Apnea
- Narcolepsy
- Hypoxemia
- Hypoventilation
- Parasomnia
- PLMD
- Other: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Ordering Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Printed Name \_\_\_\_\_ Practice Name \_\_\_\_\_

*Results will be sent to the ordering provider to review with your patient.*

----- Area Below For Sleep Laboratory Use Only -----

I reviewed the  sleep study order  History and Physical  the sleep study is indicated per criteria  previous sleep study results

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_