***REQUEST FOR POLYSOMNOGRAPHY (SLEEP STUDY)* INSTRUCTIONS TO THE PHYSICIAN:**

\*Please thoroughly complete entire form and fax to 931.919.2824. We will contact the patient to schedule tests that you have ordered.

**PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F**

**DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_**

**Previous Sleep Study? □ No □ Yes Results ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please fax a copy of the study results, if possible)**

**PATIENT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INSURANCE ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please fax a copy of the insurance card(s) with form)**

**TYPE OF VISIT/TEST REQUESTED**

**\_\_\_ Full Service Polysomnography (PSG – 95810), if positive CPAP/BiPAP (95811)**

**\_\_\_ Overnight Polysomnography Only (PSG-95810)**

**\_\_\_ Overnight Polysomnography with CPAP / BiPAP / ASV**

**\_\_\_ Multiple Sleep Latency Test (MSLT) 95805**

**\_\_\_ Maintenance of Wakefulness Test (MWT) 95805**

**\_\_\_ Surgical Follow-up (PSG) 95810**

**\_\_\_ In Home Apnea Screening (one night) 95806**

**PATIENT HISTORY**

Faxed most *recent* “History and Physical”

**Does your patient:**

**Snore excessively? Yes No**

**Have apneic events been witnessed by bed partner? Yes No**

**Stop breathing at night? Yes No**

**Wake up gasping for air Yes No**

**Have excessive daytime sleepiness or fatigue? Yes No**

**\*\**Does the patient require supplemental oxygen? Yes No*  \*\**Does the patient require a personal assistant / home attendant to be present during the sleep study? Yes No***

**REFERRING PHYSICIAN:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**M. D. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**