***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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**