

Ohio Sleep Solutions

Managed by:  MEDBRIDGE
HEALTHCARE

Sleep Study Order Form

Phone: 614-259-6770

Fax: 614-259-6771

Medical History and Symptoms

- ☐ Acute Epilepsy
- ☐ Asthma
- ☐ Atrial Fibrillation/SVT
- ☐ Cognitive Impairment
- ☐ Congestive Heart Failure
- ☐ COPD
- ☐ Diabetes
- ☐ History of Stroke
- ☐ Hypertension
- ☐ Neuromuscular Impairment
- ☐ Obesity
- ☐ Oxygen Dependent
- ☐ Parkinson's Disease
- ☐ Previously diagnosed with OSA
- ☐ Pulmonary Hypertension
- ☐ **Apnea-witnessed by bed partner**
- ☐ **Daytime Hypersomnolence**
- ☐ **Drowsy Driving**
- ☐ **Leg Jerks or Restless Legs**
- ☐ **Loud Snoring/Disrupted Sleep**
- ☐ **Morning Headaches**
- ☐ **Nocturnal Choking/Gasping**
- ☐ **Non-Refreshing Sleep**
- ☐ **Sleep Paralysis**

Patient Information

Name: _____

DOB: ____/____/____ Date: ____/____/____

Phone: _____ Cell: _____

Email: _____ ☐ M ☐ F

Address: _____

City: _____ St: _____ Zip: _____

Primary Insurance: _____

ID#: _____ MR#: _____

Referring Physician Information

Referring Physician: _____

Office Contact: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

NPI#: _____

Suspected Diagnosis*

* required field

- | | |
|---|--|
| <input type="checkbox"/> OSA (G47.33) | <input type="checkbox"/> Unspecified Sleep Disorder (G47.9) |
| <input type="checkbox"/> Narcolepsy (G47.419) | <input type="checkbox"/> Excessive Daytime Sleepiness (G47.10) |
| <input type="checkbox"/> Central Sleep Apnea (G47.31) | |
| <input type="checkbox"/> Other: _____ | |

Physician Order Section

- ☐ Office Visit- Consultation with Sleep Physician prior to any testing. Consultation with: _____
- ☐ **Comprehensive Order-** Diagnostic, Titration and Follow up- Titration study performed upon recommendation in the interpretation. Patients will go on to a Titration study on a second night **OR** if they meet the split criteria of an AHI>15. They will then be scheduled for a consultation with the interpreting physician for additional care.
- ☐ NPSG- Diagnostic Sleep Study- Diagnostic study only ☐ Titration Study- PAP titration only
- ☐ Split Night Study- CPAP Titration is initiated if patient's AHI>15 ☐ Multiple Sleep Latency Test- Preceded by PSG
- ☐ Home Sleep Apnea Test
- ☐ Follow up and treatment- Patients will be seen in follow up and provided a treatment plan by the interpreting physician.
- ☐ **I additionally order a home sleep apnea test (HSAT) for the patient if (1) it is required by the patient's insurance company or (2) There is insufficient clinical information for an attended sleep study.**

I certify: That this service is medically necessary. The information provided is true, accurate and documented in the patient's clinical notes.

Physician Signature: _____ Date: ____/____/____