

LAB LOCATION _____ DATE _____ MALE/FEMALE

PATIENTS NAME _____ DOB _____ EPWORTH _____

ADDRESS _____ HEIGHT _____ WEIGHT _____ BMI _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

CHECK ALL THAT APPLY: _____ MOBILE PHONE _____

RESTRICTIONS/HANDICAPS: ___ YES/___ NO ___ PATIENT ON OXYGEN ___ LPM

___ PAPERWORK ___ WALKING ___ IN BATHROOM ___ MINOR-GUARDIAN REQUIRED

SIGNS AND SYMPTOMS

DAYTIME SOMNOLENCE ___ DM ___ CAD ___ INSOMNIA ___ OSA ___

MORNING HEADACHES ___ AFIB/VFIB ___ SNORING ___ NARCOLEPSY ___ FATIGUE ___

OBSERVED APNEAS ___ HTN ___ REFLUX ___ PULM HTN ___ COPD ___

PR INSURANCE: _____ ID# _____ GR# _____

2ND INSURANCE: _____ ID# _____ GR# _____

AUTH # _____ DATES _____ REP _____

___ HOME SLEEP STUDY- UNATTENDED STUDY

PROCEDURE CODE 95800 & 95806 DATE _____ TIME _____

___ DIAGNOSTIC NIGHT- SLEEP DISORDER BREATHING EVALUATION TO RULE OUT SLEEP APNEAS

PROCEDURE CODE 95810 DATE _____ TIME _____

___ TITRATION NIGHT- WITH POSITIVE AIRWAY PRESSURE(BIPAP/CPAP)

PROCEDURE CODE 95811 DATE _____ TIME _____

___ SPLIT NIGHT STUDY- IF PATIENT MEETS PROTOCOLS AND EXHIBITS SEVERE OSA THEN THERAPEUTIC TREATMENT CAN BE STARTED.

PROCEDURE CODE 95811 DATE _____ TIME _____

___ ONE NIGHT DIAGNOSTIC STUDY WITH MSLT THE FOLLOWING DAY- MULTIPLE SLEEP LATENCY TEST- TEST FOR NARCOLEPSY AFTER A NEGATIVE DIAGNOSTIC TEST

PROCEDURE CODE 95807 DATE _____ TIME _____

___ CPAP/BIPAP RETITRATION- THE PATIENT HAS PREVIOUSLY BEEN TITRATED FOR CPAP/BIPAP THERAPY AND RETITRATION IS NEEDED TO CONFIRM PRESSURE SETTINGS

PROCEDURE CODE 95811 DATE _____ TIME _____

REFERRING PHYSICIAN/PHONE/FAX _____

READING DOCTOR _____