



SLEEP STUDY ORDER FORM

Lab Location: _____
Patient Name: _____ **DOB:** _____
Home Phone: _____ **Alternate Phone:** _____

Primary Diagnosis: _____

PLEASE CHECK STUDY REQUESTED

- HOME SLEEP STUDY:** Unattended sleep study to rule out Sleep Apnea – Diagnostic.
Procedure Code 95806
 - TWO NIGHT SLEEP STUDY:** Night one to rule out Sleep Apnea – Diagnostic.
Night two if recommended by Sleep Physician for signs of SDB – Therapeutic.
Procedure Code 95810 / Procedure Code 95811
 - DIAGNOSTIC NIGHT - SLEEP DISORDER BREATHING EVALUATION:** To rule out Sleep Apnea –Diagnostic only. (Will treat with CPAP – if the patient displays severe apneas and/or desaturations)
Procedure Code 95810
 - TREATMENT NIGHT:** With continuous positive airway pressure (CPAP Titration)
Procedure Code 95811
- Special Instructions: _____
- SPLIT NIGHT STUDY:** If patient meets protocols and exhibits Severe Obstructive Sleep Apnea, then therapeutic treatment can be started.
Procedure Code 95811
 - ONE NIGHT POLYSOMNOGRAM WITH MSLT THE FOLLOWING DAY:** Multiple Sleep Latency Test: Test for Narcolepsy after negative diagnostic test.
Procedure Code 95805
 - CPAP/BILEVEL RE-TITRATION:** The patient has been previously titrated for CPAP therapy and a re-titration is needed to confirm pressure settings.
Procedure Code 95811

DME INFORMATION

If CPAP Therapy is indicated, Center Pointe Sleep may contact a Home Care Company to arrange for Home Treatment?
No Yes

Patient currently has a DME Company: No Yes Name of DME Company: _____

Referring Physician (Print) Phone NPI #

Physician Signature Date