

# Sharon Regional Hospital

## SLEEP CENTERS

Phone (724)941-6595: Toll Free (800)249-1445: Fax (724)941-8694

### SLEEP STUDY ORDER FORM

Lab Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

#### Please check the requested study:

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

**HST** – Home Sleep Study – unattended

**Procedure code 95800**

**Split Night** – If patient meets protocols and exhibits Severe Obstructive Sleep Apnea, the therapeutic treatment can be started.

**Procedure code 95811**

**One Night Polysomnogram w/ MSLT the following day:** Multiple Sleep Latency Test: Test for Narcolepsy after a negative diagnostic test.

**Procedure code: 95811**

**CPAP/BILEVEL Re-Titration:** The patient has been previously titrated for CPAP therapy and a re-titration is needed for confirm pressure settings.

**Procedure code 95811**

**PAP-NAP Study:** A 3-5 hour daytime procedure utilized to educate non-compliant patients in the benefit of PAP therapy. Must have a prior positive diagnostic study, but not necessary to have a prior titration study.

#### DME Information:

If CPAP Therapy is indicated, CPSA may contact a Home Care Co. to arrange for home treatment? **Y or N**

**Patient currently has a DME Co.? Y or N** Name of DME Company \_\_\_\_\_

\_\_\_\_\_  
Referring Physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
NPI#

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date