

INCOMPLETE ORDERS CANNOT BE SCHEDULED PLEASE INCLUDE CURRENT OFFICE NOTES, DEMOGRAPHICS AND MEDICATION LIST

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Appointment Date \_\_\_\_\_

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

<p><b>Exam Type</b> (Circle all that apply)</p> <p>Diagnostic PSG 95810-PSG that meets AASM criteria for SPLIT night will be completed as a SPLIT, AASM practice parameters for indications for PSG, SLEEP Vol. 28 No. 2005 JCSM Vol 4 No. 7 2007</p> <p>CPAP/BPAP titration-95811</p> <p>ASV titration-95811- titration requires echo with ejection fraction <math>\geq 45\%</math></p> <p>SPLIT Night- 95811, diagnostic + treatment (if patient qualifies)</p> <p>Home Sleep Apnea Test Type III 95806 *G0399 HCPCS code will be substituted for Medicare patients and all insurance plans that utilize this code for Home Sleep Apnea Testing Type III</p> <p>PSG/MSLT 95810/95805 - with Serum ETOH level and Urine Drug Screen</p> <p>MWT 95805 (Maintenance of Wakefulness Test)</p> <p><input checked="" type="checkbox"/> Patient may self-medicate with prescribed medications</p>	<p><b>Indications for Exam</b> (Circle all that apply)</p> <p>Obstructive Sleep Apnea-G47.33 Sleep Apnea, Unspecified-G47.30</p> <p>Hypersomnia, Unspecified-G47.10 REM behavior disorder-G47.52</p> <p>Parasomnias-G47.50 Obesity Hypoventilation Syndrome-E66.2</p> <p>Sleep related hypoxemia-G47.36 Restless leg Syndrome G25.81</p> <p>Primary Central Sleep Apnea G47.31 Complex Sleep Apnea G47.39</p> <p>Narcolepsy with Cataplexy-G47.A11</p> <p>Narcolepsy without Cataplexy G47.A19</p> <p>Other: _____</p> <p>Please check below if you would like:</p> <p><input type="checkbox"/> Interpretation, Consult and Follow up with Sleep physician</p>
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**ORDERING PHYSICIAN MUST OBTAIN ALL OF THE FOLLOWING All 3 panels must be completed**

<p><b>Epworth Sleepiness Scale (ESS)</b></p> <p>How likely are you to doze off or fall asleep in following situations?</p> <p>0 None 1 Slight 2 Moderate 3 High</p> <p style="text-align: right;">Circle response</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Sitting and reading</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>Watching television</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>Sitting inactive in a public place</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>As a passenger in car for an hour without break</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>Lying down to rest in the afternoon</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>Sitting and talking with someone</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>Sitting quietly after lunch without alcohol</td> <td style="text-align: right;">0 1 2 3</td> </tr> <tr> <td>In a car while stopped for a few minutes</td> <td style="text-align: right;">0 1 2 3</td> </tr> </table> <div style="border: 1px solid black; width: fit-content; margin-left: auto; margin-top: 10px; padding: 2px;"> <p><b>Total Score:</b></p> </div>	Sitting and reading	0 1 2 3	Watching television	0 1 2 3	Sitting inactive in a public place	0 1 2 3	As a passenger in car for an hour without break	0 1 2 3	Lying down to rest in the afternoon	0 1 2 3	Sitting and talking with someone	0 1 2 3	Sitting quietly after lunch without alcohol	0 1 2 3	In a car while stopped for a few minutes	0 1 2 3	<p><b>Mallampati classification</b> I II III IV</p> <p>Neck Circumference _____ in.</p> <p>Height _____ in. Weight _____ Lbs. BMI _____</p> <p><b>Clinical History</b> (Circle all that apply)</p> <p>COPD CVA DM</p> <p>HTN CHF AFIB MI PLMD</p> <p>Craniofacial anomalies Retrognathia</p> <p>Pulmonary Hypertension Cardiomyopathy</p> <p>Neuromuscular Disease</p> <p>Neurodegenerative Disorders</p> <p>Circadian Rhythm Disorders Insomnia</p> <p>Oxygen dependent _____ lpm</p> <p>CPAP/BPAP/ASV settings _____</p> <p>Hospital admission last 30 days? Yes No</p> <p>Date/Diagnosis: _____</p> <p>Pain control/sedating medications Yes No</p>	<p><b>Symptoms</b> (Circle all that apply)</p> <p>Parasomnias Seizure Short neck</p> <p>Snoring Obesity Witnesses apnea</p> <p>Choking/gasping in sleep</p> <p>Depression Impaired cognition</p> <p>Mood Disorders Morning Headaches</p> <p>Disturbed or restless sleep Bruxism</p> <p>Erectile dysfunction Restless legs</p> <p>Non-restorative sleep Fatigue</p> <p>Excessive daytime sleepiness</p> <p>Hypersomnia</p> <p>Frequent unexplained arousals from sleep</p>
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Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time : \_\_\_\_\_

