TALLAHASSEE MEMORIAL HEALTHCARE

1401 Centerville Road
Suite 800
Tallahassee, FL 32308
Office (850) 431-4400
Fax (850) 431-4553

PRESCRIPTION FOR SLEEP TESTING

PATIENT NAME: ________________________________ **DOB:** ____________

DIAGNOSIS:

☐ OBSTRUCTIVE SLEEP APNEA G47.33
☐ EXCESSIVE DAYTIME SLEEPINESS G47.10
☐ NARCOLEPSY G47.411
☐ OTHER ____________________

SLEEP TEST(S) ORDERED:

☐ BASELINE PSG
☐ SPLIT NIGHT STUDY
☐ PAP TITRATION STUDY
☐ OTHER ________________________________
☐ MSLT (Daytime nap test) after PSG (AHI<5)
☐ MWT (Maintenance of Wakefulness Test)
☐ Home Sleep Apnea Test

CONSULTATIONS ORDERED:

☐ ___________________________

DEMOGRAPHICS: *Please fax us patient demographics or fill out the information below*

PATIENT'S PHONE NUMBERS:
Home: ________________________
Work: ________________________
Cell: ________________________

PATIENT'S INSURANCE:
Primary insurance: ___________________
Policy # ____________________
Secondary insurance: _________________
Policy # ____________________

PLEASE SEND THE FOLLOWING INFORMATION:

- ✓ **History and Physical Exam (Required)**
- ✓ Overnight pulse oximetry results (if available). This is not required prior to a sleep study.
- ✓ Any previous sleep study results (if available)
- ✓ Epworth sleepiness scale (if available)
- ✓ Thyroid function test results (if available)

Qualifications for a Sleep Study (check all that apply):

☐ Excessive Daytime Sleepiness/fatigue
☐ Loud Snoring
☐ Nonrefreshing Sleep
☐ Witnessed Apneas While Sleeping
☐ Hypertension
☐ Ischemic Heart Disease/Coronary Artery Disease
☐ Impaired Cognition (Poor memory or concentration)
☐ Mood Disorders (Depression)
☐ Insomnia
☐ Gasping or Choking During Sleep
☐ History of Stroke/CVA
☐ History of significant OSA (e.g. for CPAP study)

Ordering Physician Printed Name: ______________________________ Phone #:________________

Ordering Physician's Signature (Required): ________________________________ **M.D./D.O.**

DATE (Required): __________________ **TIME (Required):**________

9/2016

Place Patient Label Here