

Sleep Study Requisition

Completed Requisition, current H & P and any other applicable documents must be faxed to 734-712-2967

Patient Name (print) _____ Date _____
 Address _____
 Patient Phone _____ Alternate Phone _____
 Date of Birth _____ Social Security # _____
 Ordering Physician (print) _____ Date Ordered _____

PROCEDURE ORDER

- Sleep Study (NPSG) + CPAP
- Sleep Study (NPSG) only
- CPAP/Bi-Level Titration - for patients who have already been diagnosed with sleep apnea or need pressure re-tested
- PAP-NAP
- Split Night Study
- Sleep Study followed by Multiple Sleep Latency Test for poss Narcolepsy - MSLT will be cancelled if sleep apnea is found
- MWT (Maintenance of Wakefulness Test)

FOLLOW-UP CARE

Please choose one of the following to indicate how you would like your patient's follow-up to be handled

- If Sleep Study is positive, patient will be enrolled in CPAP Clinic for follow-up of apnea
- Ordering Physician will dispense and manage CPAP. Lab to create initial prescription for your signature.

SYMPTOMS SUGGESTING SLEEP APNEA

- Snoring
- Witnessed Apneas
- Fatigue
- Daytime Sleepiness
- Restless Sleeping

COMORBIDITIES (Check all that apply)

- Ischemic Heart Disease
- Impaired Cognition
- CHF
- Atrial Fibrillation
- Hypertension
- History of Stroke
- Diabetes
- Mood Disorder
- Other (Specify): _____

Additional Comments:

PLEASE HAVE THE PATIENT BRING MEDICATIONS AND INDICATE WHETHER THE PATIENT HAS:

- Oxygen
- Wheelchair
- Shift Worker
- Care Giver/Aide Required
- Note:** If patient may have difficulty sleeping away from home, please consider Rx for Ambien 10mg x 1 or 5mg x 2
(Patient to take medication with them to Sleep Center)

Ordering Physician's Signature _____

Date _____

Sleep Physician's Signature _____

Date _____