



\*PPH2509\*

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ INSURANCE CO: \_\_\_\_\_

PROCEDURE TYPE: (Please check the procedure type you would like to order for your patient.)

Check One

NPSG

CPAP Titration

Re-Titration

Split-Night Study

MSLT (Mean Sleep Latency Test)

MWT (Mean Wakefulness Test)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

Patient Symptoms:

- Witnessed apneas
 Excessive daytime sleepiness
 Falling asleep while driving
 Loud snoring
 Obesity
 Restless Legs
 Impaired memory, concentration
 Nocturnal headaches
 Insomnia with snoring
 Nocturnal events
 Nocturnal injury to self or bed partner

Relevant Coexisting Conditions:

- Metabolic Syndrome
 Diabetes Mellitus
 Hypertension
 Stroke
 Heart Disease
 Pulmonary Disease
 Hypothyroidism
 Seizure Disorder
 Fibromyalgia
 Affective Disorder
 Others:

Please specify any special instructions or requests:

TREATMENT PATHWAY: (Please check the type of follow-up you would prefer for your patient.)

Check One

Follow-Up Description:

Table with 2 columns: Follow-up description type and description. Includes 'Sleep Physician/Center' and 'Referring Physician' options.

I authorize the above patient to have a polysomnogram performed by The Sleep Center at Park Plaza. I have explained the benefits, risks, and alternatives to the patient / family.

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

Ordering Physician's Signature / Date \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Box containing fax instructions and office location details. Includes text: 'Please fax this sheet along with: most recent H&P or clinic notes, Insurance information (copies of cards), authorization (if necessary)'. Also includes office hours and location: 'If your office is on Park Plaza's campus, please send the patient down to sleep center...'.



PATIENT REFERRAL / SLEEP STUDY ORDER FORM