



FAX to: 844-242-9966

# Home Sleep Test Order Form

ALL FIELDS MUST BE COMPLETED

DME: \_\_\_\_\_

FAX: \_\_\_\_\_

Contact: \_\_\_\_\_

Check this box only if you do not want a DME notified of patient results

## Patient Demographics:

Name: \_\_\_\_\_ M  F  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Neck Size: \_\_\_\_\_

Language  English  Other - Specify \_\_\_\_\_ Special Needs: \_\_\_\_\_

EPWORTH SCORE \_\_\_\_\_

### Signs and Symptoms:

Please check all that apply or attach MSL Patient Screening Form

- Observed Apneas
- Habitual Snoring, or, gasping/choking episodes associated with awakenings
- Excessive daytime sleepiness (ESS) evidenced by: ESS >10, or Innapropriate daytime napping (while driving, eating), or Sleepiness that interferes with daily activities
- Unexplained Hypertension
- Soft tissue abnormalities or neuromuscular diseases involving the craniofacial area or upper airway
- Obesity with a BMI > 30
- Mood Disorders
- Morning Headaches

### Please check all that apply:

- Previous cerebral accident more than one month ago
- Diabetes
- Low Functioning Thyroid
- Transient Ischemic Attack (TIA)
- Coronary Artery Disease (CAD)
- Sustained supraventricular tachycardiac arrhythmias
- Sustained supraventricular bradycardiac arrhythmias
- Ventricular fibrillation
- Sustained ventricular tachycardia
- Severe Congestive Heart Failure (NYHA class III or IV)
- Moderate Severe Chronic Obstructive Pulmonary Disease (COPD)
- Oxygen dependent for any reason
- Cognitive impairment (unable to follow simple instructions)
- Neuromuscular impairment; needs assistance for activities or daily living (ADLs)
- The patient is 18 years old or younger



**ATTACH COPY OF PRIMARY AND SECONDARY INSURANCE CARD FRONT AND BACK**  
**Along with Applicable Office Notes**

**Suspected Diagnosis:** \*(one must be checked)  G47.33 (327.23 ICD 9) Obstructive Sleep Apnea

G47.10 (780.54 ICD 9) Hypersomnia  G47.30 (780.51 ICD 9) Insomnia/Sleep Apnea  Other \_\_\_\_\_

**Test ordered:**  Multi-night Sleep Study to rule out OSA with patient education (98960) and manual review of data by RPSGT.

Millennium Sleep Lab monitors heart rate, airflow, respiratory effort (abdominal and thoracic), oxygen saturation, actigraphy, and body position.

Oral Appliance Titration setting: Night 1 \_\_\_\_\_ Night 2 \_\_\_\_\_ Night 3 \_\_\_\_\_ Baseline AHI \_\_\_\_\_

## Referring Physician Demographics:

Physician Name: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Physician Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

I am the patients treating physician and I have ordered this prescription based upon a face to face office visit. I am ordering this test to determine if my pt has OSA