

FAX to: **844-242-9966**

# Home Sleep Test Order Form

ALL FIELDS MUST BE COMPLETED

## Patient Demographics:

Name: \_\_\_\_\_ M  F  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Neck Size: \_\_\_\_\_  
 Language  English  Other - Specify \_\_\_\_\_ Special Needs: \_\_\_\_\_

Please check one

- HST Only (send results back to referrer)
- MSL sleep physician to follow-up with the patient and order Tx

## 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

**R<sub>x</sub>**

**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