



SLEEP & NEURODIAGNOSTIC DISORDERS SERVICES ORDER FORM

academysleepcenter.com

8215 Fredericksburg Road, San Antonio, TX 78229 | P: 210.616.9500 | F: 210.616.0400



ACCREDITED Facility Member™

AVIE GRUNSPAN, MD
Board Certified in Internal Medicine & Sleep Medicine

KELLY SMITH, MD
Board Certified in Pediatrics, Pulmonary & Sleep Medicine

TARAK PATEL, MD
Board Certified in Pediatrics, Pulmonary & Sleep Medicine

JOSHUA ROTENBERG, MD
Board Certified in Neurology (CN), Pediatrics, Sleep Medicine & Epilepsy

CARTER RICHARDS, MD
Board Certified in Pediatric Neurology

MICHAEL MARSH, MD
Board Certified in Pediatric Neurology

JOSE BARRERA, MD
Board Certified in Otolaryngology, Sleep Medicine, Facial Plastic & Reconstructive Surgery

HANUL BHANDARI, MD
Board Certified in Sleep Medicine & Neurology

PATIENT INFORMATION

NAME: _____ DATE: _____ FOLLOW-UP APPOINTMENT / SURGERY DATE: _____
 PHONE: (HOME) _____ (CELL) _____ (WORK) _____ GENDER: M F
 DOB: _____ SS#: _____ EMAIL: _____

PROCEDURES

PEDIATRIC SLEEP PROCEDURES

- Pediatric Diagnostic Polysomnogram
- Pediatric CPAP Titration
- Other _____

ADULT SLEEP PROCEDURES

- Diagnostic Polysomnogram (HST if required by insurance)
- CPAP Titration
- Split Night Study (Titration portion to be performed only if the patient meets split criteria.)
- Multiple Sleep Latency Test (MSLT) following a Diagnostic Polysomnogram
- Maintenance of Wakefulness Test (MWT)

DIAGNOSIS

Must indicate at least one qualifying diagnosis:

- G47.31** Central Sleep Apnea
- G47.33** Obstructive Sleep Apnea
- G47.30** Sleep Apnea, unspecified
- G47.61** Periodic Limb Movement Disorder
- F51.8** Sleep Related Movement Disorders, unspecified
- G47.419** Narcolepsy
- F51.13** Organic Hypersomnia/EDS
- G47.54** Parasomnias
- E66.01** Obesity Hypoventilation Syndrome
- G47.20** Disruption of 24 hr Sleep/Wake Cycle
- Other Qualifying Code _____

PRE-EXISTING CONDITIONS

NOTE: Please indicate if the following are applicable

- Snoring
- Excessive Sleepiness
- Morning Headaches
- Pulmonary Disease (Respiratory Failure, COPD, Hypoxemia)
- Neuromuscular Disease (ALS, Parkinson's, etc.)
- Significant Cardiac Disease (CHF, Atrial Fibrillation, Pulmonary Hypertension, Arrhythmias)
- Other _____

SCREENING

In accordance with AASM guidelines, one of our staff sleep physicians will review the provider's clinic notes to determine if the proposed procedure conforms to AASM and current insurance guidelines.

Ht: _____ Wt: _____ Neck Circumference _____ BMI _____ Epworth Sleepiness Scale _____

NEURODIAGNOSTIC SERVICES

_____ Routine EEG (Greater than 61 minutes) _____ Extended Video EEG (Greater than 14 hours)

Diagnosis: _____ **R40.4** Transient alteration of awareness Diagnosis: _____ **G40.90** Epilepsy, unspecified

_____ **R55** Syncope and collapse _____ **R56.9** Other Convulsions (e.g. seizure NOS)

Other Diagnosis: _____ _____ **R56** Convulsions

COMMENTS/SPECIAL INSTRUCTIONS: _____

PHYSICIAN INFORMATION

ORDERING PHYSICIAN: _____ SIGNATURE _____

PHONE: _____ FAX _____ NPI _____

By signing you are ensuring that the physician has seen the patient face-to-face and has documented the patient's chief complaints. Please provide clinical documentation, demographics, insurance information and previous sleep studies or EEGs if applicable.