



## SLEEP STUDY ORDER FORM

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

### SUSPICIOUS SYMPTOMS

Observed apneas	Frequent awakenings
Loud snoring	Choking/gasping during sleep
Excessive sleepiness	Morning headaches
Chronic fatigue	Cataplexy/hallucinations
Drowsy driving	Prior OSA diagnosis
Leg restlessness /jerks	Other _____
Sleep walking/talking	_____
Nocturnal behaviors	_____

### SUSPECTED DIAGNOSES

Obstructive Sleep Apnea  
 Parasomnias  
 Sleep-Related Movement Disorder  
 Restless Legs Syndrome  
 Narcolepsy  
 Insomnia with Sleep Apnea  
 Hypersomnia with Sleep Apnea  
 Other \_\_\_\_\_

### Services Requested:

- Comprehensive evaluation and treatment of patient for suspected sleep-related disorder. If indicated, please provide sleep study, implement therapy, monitor patient's compliance to treatment, and provide follow-up care. Please forward findings, interventions and recommendations to me when treatment is completed.

### Polysomnography (PSG)

- Diagnostic study only (1 night)  
 Diagnostic study followed by titration study if certain criteria are met (2 nights)  
 Split-night study - partial diagnostic, partial titration (1 night)  
 Titration study only (1 night)  
 Pediatric diagnostic study (< 6 years of age)  
 Pediatric titration study (< 6 years of age)

Home sleep apnea test  
 Multiple sleep latency test  
 Maintenance of wakefulness test

My signature below attests to the following:

I, the referring physician, have evaluated this patient by sleep appropriate medical history (signs and symptoms, symptom duration, sleep hygiene survey) and physical examination (focused cardiopulmonary and upper airway, neck circumference, BMI) and have concerns for the presence of one or more of the above listed symptoms and suspected diagnoses. Documentation of such is included with this request.

### PREFERRED LOCATION

**Anchorage** (907) 677-8889  
 2421 East Tudor Road, Suite 102  
 Anchorage, AK 99507  
 Fax: (907) 677-8886

**Wasilla** (907) 357-8410  
 351 West Parks Highway, Suite 100  
 Wasilla, AK 99654  
 Fax: (907) 357-8423

**Soldotna** (907) 260-9520  
 35670 Kenai Spur Highway, Suite 103A  
 Soldotna, AK 99669  
 Fax: (907) 260-9510

**Fairbanks** (907) 328-0582  
 3202 International Street, Suite 200  
 Fairbanks, AK 99701  
 Fax: (907) 328-0586

Physician's Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Please fax order form, patient demographics, insurance card and clinical notes.**