

**Completed form, H & P and front/back copies of Insurance card  
must be faxed to the number listed below.**

Patient Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Patient Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Ordering Physician (print) \_\_\_\_\_ Date Ordered \_\_\_\_\_  
 Patient Soc. Sec. #: \_\_\_\_\_

**Procedure Order**

- Sleep Study (Polysomnogram [PSG]) w/ follow up CPAP study if positive
- Sleep Study only
- CPAP/Bi-level Titration-For patients with diagnosed Sleep Apnea, currently with CPAP mask
- Split night Sleep Study-For patients with marked apneic symptoms by history
- Sleep Study followed by Multiple Sleep Latency Test (MSLT)-For patients with little snoring or apnea, but marked daytime fatigue /sleepiness
- Maintenance of Wakefulness Test (MWT)-Occupational Testing

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- If sleep study is positive, patient will be auto-enrolled in the MH CPAP Clinic for follow-up if you do not wish to have pt. auto-enrolled, please check the Opt. Out box below**
- Opt Out:-Ordering Physician will dispense and manage DME/CPAP Supplies

Symptoms Suggesting Sleep Apnea
Fatigue
Snoring
Daytime Sleepiness
Apnea witnessed by others
Pt. unsatisfied with sleep

Comorbidities-Check all that apply	
<input type="checkbox"/> Ischemic Heart Disease	<input type="checkbox"/> Impaired Cognition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Atrial fibrillation
<input type="checkbox"/> Hypertension	<input type="checkbox"/> History of Stroke
<input type="checkbox"/> Idiopathic Cardiomyopathy	<input type="checkbox"/> Other: Please specify below
<input type="checkbox"/> Mood Disorder	_____

Additional Comments:
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**Please have the patient bring their medications and indicate whether the patient has:**

- Oxygen
- Wheelchair
- Care Giver/Aide Required
- Shift Worker

**Note: If patient may have difficulty sleeping away from home, consider Rx for Ambien 10 mg.x 1 (To be taken at Sleep Center)**

\_\_\_\_\_  
Ordering Physician Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Sleep Physician Signature \_\_\_\_\_ Date

**To Schedule a Sleep Study:  
Telephone: 1-866-363-7534  
Fax: 1-866-363-7535**