

# Sleep Study Order / Referral Form

The Sleep Disorders Center at TriStar Skyline • Murray Arons, M.D., Medical Director

Please fax completed form, patient demographics, patient history and physical and a copy of insurance card to central scheduling at 866-282-8073.  
Contact central scheduling at 615-695-7228 with questions.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime / Cell Phone: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

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

## History & Physical

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Epworth Sleepiness Score: \_\_\_\_\_

## Sleep Problems

Witnessed apnea	Tiredness/fatigue	Frequent awakenings
Excessive daytime sleepiness	Insomnia	Shiftwork
Snoring	Sleepwalking	Other: _____

## Medical Conditions / Allergies

Hypertension	GERD	COPD / asthma
CHF	Diabetes	Allergies:
Cardiac arrhythmias	Stroke / seizures	Other: _____

## Diagnosis

Sleep apnea	Narcolepsy	Insomnia
Morning headaches	Hypersonmia	Nocturnal seizures
PLMD / restless legs	Sleepwalking	Other: _____

## Procedure Ordered

One night CPT 95810 PSG diagnostic study (without CPAP)	Bi-level titration CPT 95811	MWT CPT 95805
Split night CPT 95811 (CPAP applied after OSA is confirmed with adequate time to titrate)	ASV titration CPT 95811	
CPAP titration CPT 95811	MSLT CPT 95805	

## Special Instructions

Supplemental O <sub>2</sub>	ADA room
Other: _____	Seizure montage

## Follow up review results with the patient

Prescribing physician	Interpreting physician - the center will schedule patient with a sleep specialist
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## CPAP treatment

Prescribing physician	Interpreting physician - requires patient be seen by a sleep specialist
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A urine drug screen routinely accompanies MWT and MSLT testing.

Referring Physician Signature: \_\_\_\_\_

## Office Use Only:

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