

SLEEP STUDY ORDER FORM

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Complete this form and **fax to: (407) 303-5729** Questions: (407) 303-1558

1. TREATMENT LOCATION — check the location best for your patient

Winter Park East Orlando Apopka Orlando Altamonte

2. PATIENT INFORMATION

Name: _____ Gender: M F DOB: _____ Today's date: _____

Height: _____ Weight: _____ BMI: _____ ESS: _____ Insurance: _____ Policy number: _____

Home phone: _____ Work/mobile phone: _____ Other phone: _____

Address: _____

Please attach demographic information if you're not completing patient address and phone number from above.

3. DIAGNOSTIC TESTS & PROCEDURES

DIAGNOSIS

- G47.33 Obstructive Sleep Apnea
- G47.31 Central Sleep Apnea
- G25.81 Restless Legs Syndrome
- G47.411 Narcolepsy/EDS
- G47.50 Parasomnias
- F51.11 Primary Hypersomnolence
- G47.52 REM Behavior Disorder
- R06.83 Snoring
- F51.01 Insomnia

PRE-EXISTING CONDITION(S)

Note: It is important to indicate any of these pre-existing conditions

- Severe pulmonary disease (such as COPD, asthma)
- Neuromuscular disease (such as Parkinson's, prior stroke, ALS, Alzheimer's)
- Significant cardiac disease (such as CHF, arrhythmia, pulmonary hypertension)
- Obesity Hypoventilation Syndrome

REQUESTED PROCEDURE(S)

- Baseline Polysomnogram
Note: An at-home test will be performed if a Baseline Polysomnogram is denied by insurance, or if an at-home test is requested by the primary care physician.
- CPAP/BiPAP titration
- Multiple Sleep Latency Test (MSLT)
- Sleep Specialist consultation
- Evaluation of OSA before discontinuing CPAP/BiPAP usage
- Evaluation of OSA after ENT surgery
- Other: _____

Please submit an H&P, or most recent office notes, with complete medical condition indicating sleep specific symptoms related to sleep apnea or other sleep disturbances. This is required by insurance, and helps the authorization process for the sleep study.

4. PHYSICIAN INFORMATION

Practice name: _____ Phone # _____ Fax # _____

Name of ordering physician: _____ NPI: _____

Physician signature: _____ Office contact: _____