

# Sleep Study Order

## LOCATION

**Location desired:** Drs. Bird and Thornton interpret sleep studies at six conveniently located Sleep Disorders Centers. Check the location that is *best for your patient*, and then fax this form to the number below:

- Florida Hospital **Orlando**..... Tel. (407) 303-1558 ..... Fax this form to: **(407) 303-1567**
- Florida Hospital **Altamonte**..... Tel. (407) 303-1558 ..... Fax this form to: **(407) 303-1567**
- Florida Hospital **Celebration** ..... Tel. (407) 303-4002 ..... Fax this form to: **(407) 303-4302**
- Florida Hospital **East Orlando**..... Tel. (407) 646-7466 ..... Fax this form to: **(407) 646-7161**
- Winter Park** Memorial Hospital ..... Tel. (407) 646-7466 ..... Fax this form to: **(407) 646-7161**
- Florida Hospital **Apopka** ..... Tel. (407) 646-7466 ..... Fax this form to: **(407) 646-7161**

## PATIENT INFORMATION

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Name:** \_\_\_\_\_ **Sex:**  Male  Female  
Last First M.I.

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

**Email:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Work tel:** (\_\_\_\_) \_\_\_\_\_ **Home tel:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

## PHYSICIAN INFORMATION

**Ordering physician:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Office contact:** \_\_\_\_\_

**Specialty:**  Neurology  Pulmonary  Cardiology  ENT  
 Pediatrics  Internal Med.  Primary Care  Other \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Authorization required?**  Yes  No

**Auth. number:** \_\_\_\_\_

## DIAGNOSIS AND PROCEDURES

**Procedures:**  Sleep study  Multiple Sleep Latency Test (MSLT)  CPAP  Other: \_\_\_\_\_

**Diagnosis:**  Obstructive Sleep Apnea (OSA) with Hypersomnolence (ICD-9 code 780.53)  
 Fatigue, Malaise (ICD-9 code 780.79)  
 Restless Legs Syndrome (ICD-9 code 333.94)  
 Narcolepsy (ICD-9 code 347.00)  
 Other diagnosis: \_\_\_\_\_

**Reading Physician:**  Dr. Bird or Dr. Thornton – first available  Other: \_\_\_\_\_