



*Patients: Print out this form and bring it to your physician. If you should need a sleep study or consultation, your physician can fill it out.*

## Sleep Study Order

### PATIENT INFORMATION

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

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

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

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: \_\_\_\_\_

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

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

### LOCATIONS

Location desired: Florida Hospital has six conveniently located Sleep Disorders Centers.

Check the location that is best for your patient, and then fax this form to the indicated number:

- 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) 646-7418**
- Winter Park** Memorial Hospital ..... Tel. (407) 646-7466 ..... Fax this form to: **(407) 646-7418**
- Florida Hospital **Apopka** ..... Tel. (407) 646-7466 ..... Fax this form to: **(407) 646-7418**