ORDERING PHYSICIAN:

The Sleep Disorders Center at Shands Jacksonville

580 W. 8th Street, Tower 1, 4th Floor
Jacksonville, FL 32209
Phone: 904.244.9498 Fax 904.244.9315

Polysomnography Sleep Study Request Form

Patient Demographics:

Todays Date: _____ Pt. MRN# _____ Pt. SS#_____

Patient Name: _____ Parent/Guardian Name:_____

Home Phone _____ Work Phone _____ Cell Phone _____

Pt Address _____ City/State/Zip _____

Primary Insurance _____ Guarantor_____ Auth # _____

Secondary Insurance _____ Guarantor _____ Auth # _____

Sleep Center Vitals [X]

Pt. Height _____

Pt. Weight _____

Male [ ]

Female [ ]

Pt. DOB _____

* H&P [ ] Attached

PLEASE CHECK PATIENT COMPLAINTS [X]

[ ] Body jerking/restless legs [ ] Frequent awakenings [ ] Frequent bathroom visits [ ] chokes, gasps, stops breathing

[ ] Excessive daytime sleepiness [ ] Violent Behavior during sleep [ ] other _____

PLEASE CHECK MEDICAL ALERT FOR SLEEP CENTER STAFF [X]

[ ] CHF/COPD/Angina [ ] Caregiver or custodian needed [ ] Latex allergy [ ] Seizures [ ] Behavioral/mentally impaired

[ ] Non-ambulatory [ ] Requires assistance to restroom [ ] Oxygen required at how many liters ? _____/Lpm

[ ] Has the pt. had a prior sleep study? If yes, are they on CPAP therapy [ ]

ORDERING PHYSICIAN, please check ICD-9, Dx Code, Follow up status, and Sign Below.

CHECK FOR FOLLOW UP STATUS FOR INTERPRETING SLEEP PHYSICIANS

[ ] Interpretation only

[ ] interpretation , evaluation, and follow up if needed. This includes Sleep/CPAP clinic and CPAP treatments.

PLEASE CHECK THE PROCEDURE ORDERED [X]

[ ] 95805 MSLT / MWT following a sleep study

[ ] 95810 Diagnostic Sleep Study

[ ] 95811 Sleep Study with CPAP/BiPAP

[ ] 95811 Split Study

Ordering Physician [print name] _____

Physician Signature X _____

Office Phone _____

Office Fax _____

Office Contact _____

Office Address _____

PLEASE CHECK THE PRESENTING DIAGNOSIS CODE [X]

[ ] 780.53 Sleep Apnea w/ hypersomnia

[ ] 780.51 Sleep Apnea w/ Insomnia

[ ] 780.56 Parasomnia / Arousal Disorders

[ ] 780.55 Disruption of Circadian rhythms

[ ] Other _____

Notes to Sleep Center Staff

Form Revised 12/22/04.

* PLEASE ATTACH THE H&P AND ANY PRIOR SLEEP STUDY ALONG WITH THIS FAXED ORDER. *THE H&P IS REQUIRED FOR EACH STUDY.* *