****

**SLEEP STUDY REQUEST FORM**

**Patient Information:**

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F (circle one)

**Ordering Physician Information:**

Requesting Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Study Requested:**

\_\_\_\_PSG (monitoring only) \_\_\_\_Split Night \_\_\_\_PAP Titration \_\_\_\_HST (Home Sleep Test)

\_\_\_\_ASV \_\_\_\_Oxygen Titration \_\_\_\_Dental Appliance Efficacy Study \_\_\_\_MWT

\_\_\_\_MSLT (includes PSG night prior) \_\_\_\_ETCO2 monitoring (can be included with any adult study above; will **ALWAYS** be done on pediatric studies as required by the AASM)

\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis(es):** (check all that apply)

\_\_\_\_OSA \_\_\_\_Restless Legs \_\_\_\_Parasomnias \_\_\_\_Narcolepsy \_\_\_\_Excessive Daytime Sleepiness

\_\_\_\_Snoring \_\_\_\_Shiftwork \_\_\_\_Insomnia \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_ If you would like Piñon Sleep Healthcare to provide continued care in Sleep Medicine, follow-ups, compliance, any sleep results (sleep provider consulted) please check here.**

**\_\_\_\_ If you would prefer to go over results and order any recommended DME (PAP, etc.) for your patient (no sleep provider consultation), please check here.**

Please Fill Out Form In Its Entirety And Fax To (505) 787-2668

904 E. 20th St. Unit C Farmington, NM 87401 Phone: 505-787-2680 l Fax: 505-787-2668