

SLEEP STUDY - PHYSICIAN'S ORDER

TO UNITED SLEEP MEDICINE - **FAYETTEVILLE**
2919 Breezewood Avenue, Suite 300 / Fayetteville, NC 28303

CALL Order Request # 910-484-7744, FAX Order Request # 910-484-7741

(Please print legibly in black ink)

Date _____ Referring MD _____ NPI # _____

Practice Name _____ Practice Contact Person _____

Contact Phone # _____ Ext. _____ Fax # _____

Patient Name _____ Male / Female

Patient's DOB _____ Patient's SS # _____

Address _____

Home Phone # _____ Other Phone # _____

Patient's Special Needs/Comments _____

Indication for Study _____

Insurance Carrier _____ Policy # _____

Group Name _____

Referral or Authorization # (if applicable) _____

=====

SECTION BELOW TO BE COMPLETED BY ORDERING PHYSICIAN.
PLEASE CHECK ALL THAT APPLY AND INDICATE ANY CONDITIONS.

- Baseline Polysomnogram (PSG) w/Sleep Physician Follow-up (Consult)**
- Baseline Polysomnogram (PSG), no follow-up**
- Polysomnogram with CPAP/BiPAP Titration w/Sleep Physician Follow-up(Consult)**
- Polysomnogram with CPAP/BiPAP Titration, no follow-up**
- Split night if _____**
(Must meet protocol for Doctor Ordered %Split Night+ request sheet for info.)
- Multiple Sleep Latency Test (MSLT) ALSO CHECK ONE BELOW**
 - Regardless of previous night's PSG results
 - If patient has RDI and/or PLM index of < 20/hr on previous night's PSG
- Maintenance of Wakefulness Test (MWT)**

*

PHYSICIAN'S SIGNATURE (*required for sleep study)

DATE

**FAX THIS FORM AND LEGIBLE COPY OF INSURANCE CARD (FRONT & BACK)
TO: 910-484-7741 (fax #)**

UNITED SLEEP MEDICINE will fax back the information in this section** after the appointment has been scheduled with the patient.

**Date of Study _____ Time _____

At United Sleep Medicine/ 2919 Breezewood Ave, Suite 300 / Fayetteville

If you experience a problem in getting this referral through, please call the Sleep Center Manager, at # 910-484-7744