

Westerville Sleep Diagnostic Services

450 Alkyre Run Drive, Suite 230

Westerville, Ohio 43082

www.centralohiosleep.com

Please fax this form to 614.898.9350; Telephone number: 614.898.9340

PATIENT STUDY REQUEST FORM

Patient Information:

Name: _____ Date: _____
Address: _____ Phone: _____
Cell/Work# _____ City: _____ State: _____ Zip: _____
SS# _____ Birthdate: _____

Referring Physician Information:

Name: _____ Telephone: (_____) _____
Fax: (_____) _____

Insurance Information

Primary Insurance Company: _____ Policy # _____
Secondary/ Supplemental information: _____

PHYSICIAN ORDER

- Consult and associated sleep studies**
- Standard Sleep Study (Split-night will be attempted, if meets criteria)
- Automatic split-night (regardless of number of events)
- Baseline PSG only (No CPAP trial) _____ CPAP titration _____ BiPAP titration
- Nap Study - _____ Multiple Sleep Latency Test) _____ MWT Mean wakefulness Test
- Supplemental O2—initiate at _____ L/min. Titrating up to _____ L/ Min. Target SaO2 _____

Evaluated for:

- (780.53) Excessive daytime sleepiness/hypersomnia with sleep apnea
- (780.56) Snoring/arousing gasping for air/ dysfunctions associated with sleep stages or arousal from sleep
- (307.46) Somnambulism or night terrors
- (780.57) Witnessed to stop breathing/ other and unspecified sleep apnea
- Obstructive sleep apnea 327.23
- (347.10) Narcolepsy with cataplexy
- (780.51) Insomnia with sleep apnea
- Other: _____

Sleep Lab Locations:

- Westerville** 450 Alkyre Run Drive, Suite 230, Westerville, Ohio 43082
- Dublin/ PC** Sleep Diagnostic Services 6275 Emerald Pkwy Suite A, Dublin, OH 43016
- Whitehall/Central Ohio** Sleep Diagnostic Services /4882 East Main Street, Whitehall, OH 4321
- Marysville /UCMH** 500 London Avenue, Marysville, OH 43040

Special Instructions _____

This is a Special Needs Patient (SPECIAL NEEDS PATIENTS MUST BE ACCOMPANIED BY A CAREGIVER)
Or specify _____

Signature of Ordering Physician

Date