

## Sleep Study Requisition

**Completed Requisition, current H & P and any other applicable documents must be faxed to 734-712-2967**

Patient Name (print) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Patient Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Ordering Physician (print) \_\_\_\_\_ Date Ordered \_\_\_\_\_

### PROCEDURE ORDER

- Sleep Study (NPSG) + CPAP
- Sleep Study (NPSG) only
- CPAP/Bi-Level Titration - for patients who have already been diagnosed with sleep apnea or need pressure re-tested
- PAP-NAP
- Split Night Study
- Sleep Study followed by Multiple Sleep Latency Test for poss Narcolepsy - MSLT will be cancelled if sleep apnea is found
- MWT (Maintenance of Wakefulness Test)

### FOLLOW-UP CARE

**Please choose one of the following to indicate how you would like your patient's follow-up to be handled**

- If Sleep Study is positive, patient will be enrolled in CPAP Clinic for follow-up of apnea
- Ordering Physician will dispense and manage CPAP. Lab to create initial prescription for your signature.

#### SYMPTOMS SUGGESTING SLEEP APNEA

- Snoring
- Witnessed Apneas
- Fatigue
- Daytime Sleepiness
- Restless Sleeping

#### COMORBIDITIES (Check all that apply)

- Ischemic Heart Disease
- Impaired Cognition
- CHF
- Atrial Fibrillation
- Hypertension
- History of Stroke
- Diabetes
- Mood Disorder
- Other (Specify): \_\_\_\_\_

**Additional Comments:**

#### PLEASE HAVE THE PATIENT BRING MEDICATIONS AND INDICATE WHETHER THE PATIENT HAS:

- Oxygen
- Wheelchair
- Shift Worker
- Care Giver/Aide Required
- Note:** If patient may have difficulty sleeping away from home, please consider Rx for Ambien 10mg x 1 or 5mg x 2  
(Patient to take medication with them to Sleep Center)

Ordering Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Sleep Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_