PHYSICIAN’S ORDER FOR SLEEP STUDY

Patient Name: _________________________________ Home Ph: _____________________ Cell/Wk Ph: _______________
Address: ______________________________________ City:  _________________________ State/Zip: __________________

Type of Study Requested

❑ Consult with sleep physician
❑ Polysomnogram (NPSG) 95810
❑ Split night study (NPSG/CPAP)
❑ NPSG with Multiple Sleep Latency Test (MSLT) 95805
❑ Comprehensive NPSG, CPAP (if AHI greater than 5 on NPSG) & Placement with CPAP for home use if medically necessary.

Reason for Study (i.e. daytime sleepiness, snoring, apnea): ____________________________________________________________

Special Instructions/Needs: _______________________________________________________________________________

I AUTHORIZE THE SLEEP DISORDERS CENTERS AT SIBLEY MEMORIAL HOSPITAL TO PERFORM A SLEEP STUDY ON THE ABOVE PATIENT ACCORDING TO THEIR PROTOCOLS, INCLUDING URGENT INITIATION OF OXYGEN & CPAP.

Physician Name:________________________________ Signature: ___________________________ Date: _______________
NPI: _________________________________________ License#: _________________________________________
Address: ______________________________________ City:  ____________________________ State/Zip: ______________
Phone: _______________________________________ Fax: _____________________________ Specialty: ______________

For Government Payors Only (Medicare, Medicaid, Tricare)

Medicare requires documentation of face to face evaluation from the ordering physician that clearly includes H&P, BMI, sleep symptoms and medical necessity for a polysomnogram. Insomnia is not an acceptable indication in and of itself.

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