Sleep Solutions of Fredericksburg

ORDER FORM

521 Park Hill Drive, Ste B, Fredericksburg, VA 22401 **www.sleepsolutionsfred.com** Office: (540)372-6430 Fax: (540)372-6847

HEALTH CARE PROVIDER INFORMATION

Tax ID Number | 10 Digit NPI Number

Street Address | Suite

City | State | Zip

Office Phone Number ( ) - | Fax Number ( ) - | Contact Personnel

ORDERED BY | **SIGNATURE** | **TODAY'S DATE**

Help us expedite the insurance pre-authorization process by checking the appropriate boxes under *INDICATIONS* and *SIGNIFICANT COMORBIDITIES* section and faxing the following documents listed below to **Fax Number: (540)372-6847**

- Patient Demographics
- Past Sleep Study Reports
- Office Notes
- Copy of Insurance Card (front & back)
- Epworth Sleepiness Scale

PATIENT INFORMATION

Last Name | First Name | Middle Initial | DOB

Social Security Number - - | Home Number ( ) - | Mobile ( ) -

TYPE OF STUDY

☐ **Diagnostic (In-center)** – An HSAT study may be substituted if available clinical data does not meet insurance company criteria for an "in-center" study unless ordering healthcare practitioner specifies no substitution. ☐ Do not substitute HSAT for in-center diagnostic study.

☐ **Bi-Level Titration**

☐ **CPAP Titration**

☐ **ASV Titration**

☐ **MSLT** (Multiple Sleep Latency Test) preceded by nocturnal PSG

☐ **MWT** (Maintenance of Wakefulness Test)

☐ **Split Night** (Diagnostic & PAP Titration, if patient qualifies)

☐ **HSAT** (Home Sleep Apnea Testing) - The American Academy of Sleep Medicine states that patients are appropriate for Portable Sleep Study Monitoring if there is a high pretest probability for sleep apnea and the patient is felt to have limited comorbidities that may impair test accuracy (to include moderate to severe pulmonary disease, neuromuscular disease, or congestive heart failure)

INDICATIONS

☐ Airway Soft Tissue or Neuromuscular Upper Airway Abnormality

☐ Cataplexy

☐ Excessive Daytime Sleepiness

☐ Existing diagnosis of obstructive or central sleep apnea

☐ Habitual Snoring

☐ Hypertension

☐ Mood Disorders

☐ Narcolepsy

☐ Neck Circumference: >17" (Male), >16" (Female)

☐ Nocturnal Gasping

☐ Obesity

☐ Sleep Paralysis

☐ Witnessed Apnea

ADDITIONAL SERVICES

☐ Schedule CPAP titration if Diagnostic study indicates AHI of 15 or greater

☐ Consult our physicians before ( ) or after ( ) study

OFFICE USE ONLY: ☐ Check box if this is an automatic follow-up study per order

Appointment Date: ________________________

ORDER REVIEWED BY (OFFICE USE ONLY)

REVIEWED: ☐ **YES,** ☐ **NO** **APPROPRIATE:** ☐ **YES,** ☐ **NO**

INITIALS: **DATE:**

COMMENTS:

SIGNIFICANT COMORBITIES

☐ Cerebrovascular Accident

☐ CHF - Moderate or Severe Heart Failure Class III or IV (NYHA)

☐ Clinical suspicion of Restless Leg Syndrome or Periodic Limb Movement Disorder

☐ Cognitive or Physical Impairment Precluding Ability to apply Home Study Equipment

☐ COPD – Moderate or Severe FEV1/FVC $\leq$ 0.7 and FEV1 <80%

☐ Coronary Artery Disease

☐ Current use of narcotic pain medications

☐ Supplemental O2 Need