

Sleep Solutions of Fredericksburg

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ORDER FORM

HEALTH CARE PROVIDER INFORMATION				<p>Help us expedite the insurance pre-authorization process by checking the appropriate boxes under <i>INDICATIONS</i> and <i>SIGNIFICANT COMORBIDITIES</i> section and faxing the following documents listed below to Fax Number: (540)372-6847</p> <ul style="list-style-type: none"> - Patient Demographics - Past Sleep Study Reports - Office Notes - Copy of Insurance Card (front & back) - Epworth Sleepiness Scale
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		
PATIENT INFORMATION				INDICATIONS
Last Name	First Name	Middle Initial	DOB	<input type="checkbox"/> Airway Soft Tissue or Neuromuscular Upper Airway Abnormality <input type="checkbox"/> Cataplexy <input type="checkbox"/> Excessive Daytime Sleepiness <input type="checkbox"/> Existing diagnosis of obstructive or central sleep apnea <input type="checkbox"/> Habitual Snoring <input type="checkbox"/> Hypertension <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Neck Circumference: >17" (Male), >16" (Female) <input type="checkbox"/> Nocturnal Gasping <input type="checkbox"/> Obesity <input type="checkbox"/> Sleep Paralysis <input type="checkbox"/> Witnessed Apnea
Social Security Number - - () -	Home Number () -	Mobile () -		
TYPE OF STUDY				
<input type="checkbox"/> Diagnostic (In-center) – Patient will be automatically scheduled for HSAT if an “In-center” diagnostic study is denied by insurance, unless indicated otherwise. <input type="checkbox"/> Do not schedule for HSAT if in-center diagnostic study is denied				
<input type="checkbox"/> Bi-Level Titration				
<input type="checkbox"/> CPAP Titration				
<input type="checkbox"/> ASV Titration				
<input type="checkbox"/> MSLT (Multiple Sleep Latency Test) is automatically preceded by nocturnal PSG appointment per American Academy of Sleep Medicine guidelines.				
<input type="checkbox"/> MWT (Maintenance of Wakefulness Test)				
<input type="checkbox"/> 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).				
ADDITIONAL SERVICES				SIGNIFICANT COMORBIDITIES
<input type="checkbox"/> Schedule CPAP titration if Diagnostic study indicates AHI of 15 or greater (if approved by insurance) <input type="checkbox"/> Consult our physicians before () or after () study				<input type="checkbox"/> Cerebrovascular Accident <input type="checkbox"/> CHF - Moderate or Severe Heart Failure Class III or IV (NYHA) <input type="checkbox"/> Clinical suspicion of Restless Leg Syndrome or Periodic Limb Movement Disorder <input type="checkbox"/> Cognitive or Physical Impairment Precluding Ability to apply Home Study Equipment <input type="checkbox"/> COPD – Moderate or Severe FEV1/FVC ≤ 0.7 and FEV1 <80% <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Current use of narcotic pain medications <input type="checkbox"/> Supplemental O2 Need
OFFICE USE ONLY: <input type="checkbox"/> Check box if this is an automatic follow-up study per order Appointment Date: _____				
ORDER REVIEWED BY (OFFICE USE ONLY)				
REVIEWED: <input type="checkbox"/> YES, <input type="checkbox"/> NO		APPROPRIATE: <input type="checkbox"/> YES, <input type="checkbox"/> NO		
INITIALS:		DATE:		
COMMENTS:				