



SLEEP LAB

SERVICE REQUISITION FORM
Fax: 541-278-3690 Phone: 541-276-5121 x8284

SLEEP

Patient Information

Patient Name: _____ SSN: _____ DOB: _____
Sex: M F Address: _____ City: _____
State: _____ Zip: _____ Phone/Contact #: _____

Insurance Information

Patient Insured : Yes No Comments: _____
Primary Insurance: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ SSN: _____ DOB: _____
Second Insurance: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ SSN: _____ DOB: _____
Authorization Required: Yes No Authorization #(s): _____
Validity [Desc.]: _____ From [Date]: _____ To [Date]: _____

Physician Information

Ordering Physician Name: _____ Phone/Contact #: _____
Primary Physician Name: _____ Phone/Contact #: _____

Service Information

Date of Study and Time of Exam: _____ Patient Height: _____ Patient Weight: _____

Please enclose History and Physical, Chart Notes related to study and Medication List. These items are required to schedule a study.

DIAGNOSIS: Indications For Test

- Sleep Disturbance <780.51-780.58>
- Unspecified Sleep Apnea <780.57>
- Narcolepsy <347.00>
- Morbid Obesity <278.01>
- Other [Desc./ICD9] Please Specify: _____
- Pre-surgical Test <v72.83>
- Consult with Sleep Physician

TYPE OF STUDY

- Polysomnography 4 or more Baseline <95810>
- Split Night Study <95811>
- CPAP/Bi-level Titration <95811>
- Bi-level Titration <95811>
- Other [Desc./CPT]

DAYTIME STUDIES

- Daytime Polysomnographer (Shift Workers) <95810>
- Daytime PSG (if AHI >30) <95811>
- Daytime CPAP <95811>

MEDICATION

Please administer sedative to my patient by sleep center protocol if needed.
Eszopiclone is the only sedative dispensed for use in the sleep center, since other agents may adversely affect breathing during sleep (except for zaleplon). Sedatives will be given by sleep center sedative protocol only, even if they are prescribed by the referring health care provider. Please advise patients accordingly. Sedatives will not be administered to pediatric patients. Other non-sedative medications may be self administered by the patient only if a complete medication list (including dosage and frequency) is supplied by the referring health care provider. Please encourage patients to take their non-sedative medications prior to arriving at the sleep center for their study.

Drug Allergies: _____

OXYGEN

Administer Oxygen if indicated: Yes No If yes, adjust SPO2 between: _____ and _____ %
Patient currently on home Oxygen at: _____ LPM 24 Hours Nighttime Only

SPECIAL NEEDS

Does this patient have any special needs: Yes No If yes, please specify: _____

Authorized Signature

Ordering Physician Signature: _____ Date: _____

For Hospital Use

Called to schedule: _____ Information sent: _____
Reviewed by Sleep Specialist: _____ Reviewed by RPSGT: _____