



Sleep Lab Order Form

Fax Completed Form and H&P to: (512) 351-4153
Phone: (512) 324-REST (7378)

Business hours for scheduling
Mon-Fri 10am - 6pm

- Requested Study (Please check one)***
- Baseline/ Diagnostic (95810)
 Capped trach (95810/ 95782)
 Bi-level PAP titration (95811)
 Baseline/ Diagnostic (95782)
 Uncapped trach (95810/ 95782)
 Bi-level PAP titration (95783) <6yr
 Baseline/ Diagnostic (95782) <6yr
 CPAP titration (95811)
 Bi-level PAP titration (95783) <6yr
 Oxygen (specify LPM___) (95810)
 CPAP titration (95783) <6yr
 MSLT (95805)

* Please consider consultation if ordering a study other than a baseline/diagnostic or oxygen polysomnogram. Orders for studies other than baseline and oxygen will be reviewed by the sleep physician and additional information may be required before it can be scheduled.

Patient Information:	Physician Information:
Name:	Ordering Physician:
DOB:	Office Phone:
Phone:	Office Fax:
Parent Name:	**Physician contact during night of Study:

** Patients are admitted to the sleep lab as outpatients. The physician ordering the study is thus responsible for any patient care issues that may arise during the study. Please provide a pager or answering service where you or a representative of your office can be reached at all times during the study should any questions arise. If you would like the patient to be managed by our Sleep physician during the study, then consultation needs to be arranged before the study is performed, by calling the number above.

If you would like this report sent to any other physicians, please provide their complete contact information:

Name _____ Phone/ Fax _____

A History and Physical should be sent with this order form. To ensure we have appropriate resources, please additionally check all that apply (give details in patient information below)

- Oxygen
 Feeding Tubes
 Mobility Issues
 Developmental Delays
 Full Montage EEG
 Vent/ CPAP
 Infant

Insurance Company and Policy #:	Pre-Authorization # (if required):	Date of Study: (recommended for 3 weeks from order date)
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Reason for Study: (Patient History/Symptoms)
Patient's current oxygen, CPAP, BiLevel or Ventilator settings: If baseline marked above, the study will be begun on room air, and O2 added per protocol (Performing baseline studies on oxygen may underestimate the degree of OSA)
Special Procedures/Requests***: <input type="checkbox"/> CBG request for patient with a history of hypoventilation and/or performing an oxygen titration or bilevel titration study.
*** All tests, including determinations for oxygen need and titration and non-invasive ventilator titration, will be performed by standardized protocols unless specifically outlined in the special procedures/requests section. If you have any question about whether the standardized protocol is appropriate given your patient's specific considerations, you should complete the section above. Copies of the laboratory protocols are available upon request. Oxygen Protocol: Oxygen will be added if the SpO2 falls to below 88% for greater than 2 minutes, and will be titrated to the lowest possible flow to maintain SpO2 above 92%. If higher mean SpO2 values or other parameters are desired, please specify. CBG will be performed if ≥10% of a minimum 3hr total sleep time displays ETCO2 or TcCO2 values of greater than 60mmHg.



Ordering Physician Signature: _____

Date: _____