

**Sutter Sleep Disorders Center
Physician Order**

Patient Name: _____ DOB: _____ Gender: M / F

Address: _____ Home Phone: _____

City, State, Zip: _____ Work/Cell #: _____

Primary Care Physician: _____ Tel #: _____ Fax #: _____

Insurance (please complete this section & include a copy of the front and back of the insurance card)

Primary Insurance: _____ Secondary Insurance: _____

ID #: _____ Group #: _____ ID #: _____ Group #: _____

Subscriber: _____ Authorization #: _____

Clinical Diagnosis			
<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Narcolepsy	<input type="checkbox"/> Excessive Sleepiness	<input type="checkbox"/> Periodic Leg Movements
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parasomnias	<input type="checkbox"/> Restless Leg Syndrome	<input type="checkbox"/> Other _____

Designate an Interpreting Physician			
<input type="checkbox"/> Shawn Aghili, MD	<input type="checkbox"/> Amer Khan, MD	<input type="checkbox"/> Jose Miranda, MD	<input type="checkbox"/> Lydia Wyrzes, MD
<input type="checkbox"/> Bradley Chipps, MD	<input type="checkbox"/> Nicole Lopez-Seminario, MD	<input type="checkbox"/> Anit Patel, MD	<input type="checkbox"/> No preference

Sleep Study	
<input type="checkbox"/> Standard Sleep Study (PSG) CPT 95810 Standard full night sleep study. No treatment with CPAP.	<input type="checkbox"/> Split Night PSG CPT 95811 Standard night sleep study; first part diagnostic, second part CPAP titration if indicated.
<input type="checkbox"/> Multiple Sleep Latency Test (MS/ T) CPT 95805 Daytime Nap Study for EDS (PSG performed the preceding night).	<input type="checkbox"/> Limited PSG CPT 95808 Sleep study with 1-3 parameters.
<input type="checkbox"/> Maintenance of Wakefulness Test (MWT) CPT 95805 Daytime study to evaluate ability to stay awake.	<input type="checkbox"/> Standard Sleep Study < 6 years old (PSG) CPT 95782 Standard full night sleep study. No treatment with CPAP.
<input type="checkbox"/> Auto Adjust Study CPT 94660 X each night Auto CPAP titration at home post standard or home monitoring.	<input type="checkbox"/> Split Night PSG < 6 years old (PSG) CPT 95783 Standard night sleep study; first part diagnostic, second part CPAP titration if indicated.
<input type="checkbox"/> Home Sleep Study Limited* CPT 95801	

***Home Monitoring Qualifications:**

A: Must be 18 or over. B: Mentally and physically able to understand and follow directions for testing at home. C: Must have documented habitual snoring and/or witnessed apneas, gasping/choking episodes. D: No suspicion of pre dominate sleep disorder other than OSA. E: No Severe COPD requiring nocturnal oxygen. F: No Neuromuscular disease as ALS, or muscular dystrophy. G: No obesity with BMI over 40. H: No prior home sleep study that was negative within last 6 months.

Special Instructions/Needs: _____

Physician Information

Ordering Physician: _____ Office Contact: _____

Tel #: _____ Fax #: _____ NPI: _____

Ordering Physician Signature: _____ Date: _____