

Sleep Center Requisition

Tel: 1-866-698-7533 Fax: 1-866-740-7533

Steward Centers for Sleep Medicine

□ Carney Hospital, Dorchester
□ Good Samaritan Medical Center, Brockton
□ Holy Family Hospital, Methuen
□ Merrimack Valley Hospital, Haverhill
□ Norwood Hospital, Norwood

☐ Saint Anne's Hospital, Fall River

☐ St. Elizabeth's Medical Center, Brighton

Steward Health Care System **Centers for Sleep Medicine**

Physician Signature: ____

| Patient Name: | | | _ SocSec.#: |
|--|----------------------------------|---|--|
| Address: | | | |
| City, State, Zip: | | | |
| Insurance: ID#: | | | Secondary Ins: |
| Subscriber: | | | |
| DOB: | | | Ht: Wt: |
| Requested Services | | | |
| Consultation & Management Office visit with sleep physician and treatment, including management of therapy. Standard Sleep Study Testing Standard sleep study (split night—diagnostic study with treatment by CPAP if criteria met). A follow-up CPAP titration will be scheduled if AHI ≥ 15. Coordinate home CPAP/BiLevel Therapy Initial setup of home CPAP/BiLevel with home care company. Referring physician orders CPAP and follows patient care. Diagnostic Sleep Study (CPT=95810) Standard full night sleep study. No treatment with CPAP. CPAP or BiLevel Titration (CPT=95811) Sleep Study with PAP treatment after positive first study. Multiple Sleep Latency Test (CPT=95805) Full night Sleep Study followed by daytime study to diagnose Narcolepsy. Includes Urine Drug Screen by lab. Diagnostic Study with Full EEG (CPT=95810) Sleep Study with digital video-EEG for evaluation of nocturnal seizures/parasomnias. | | | |
| Comments: Home Sleep Test (CPT=G 0399) • Screening study for sleep apnea, prior insurance approval. | | | |
| Medical History: (Please | se forward H&P) | | Special Needs: |
| ☐ Excessive Sleepiness | □ Obese | ☐ Insomnia | □ Oxygen, LPM |
| □ Snoring | ☐ Diabetes | ☐ Difficulty falling a | |
| ☐ Hypertension☐ Witnessed Apneas | ☐ Stroke ☐ Pulmonary disease | ☐ Unrefreshed sleep☐ Frequent awakenin | |
| □ CHF | ☐ Restless sleep | • | |
| ☐ Atrial Fibrillation | ☐ Restless sleep ☐ Leg movements | □ Anxiety | ☐ Currently using PAP, setting: ☐ Pre-Operative for surgery (e.g. bariatric) |
| ☐ Arrhythmia (specify): | □ Leg movements | □ Depression□ Seizures | |
| Bitting moccupation | | | |
| Suspected □ Sleep Apnea (327.23) □ Periodic Limb Movements (327.51) □ Other Internal Use by Sleep Specialis Sleep □ Insomnia (307.42) □ Restless Legs Syndrome (333.94) □ Accepted □ Needs further information Disorder(s) □ Narcolepsy (347) □ Parasomnias (327.42) / Seizures (345) Initials: | | | |
| Physician Information | | | |
| Referring MD : | | Phone: _ | <u>.</u> |
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