Northfield Hospital + Clinics

Sleep Study Order Form

Phone: 877-877-1267
Fax order to: 701-271-9260

Demographic Information

Name:_____ Home Phone: _____

Address:_____ Work/Cell Phone:_____

City/State/Zip:_____ DOB:_____

Age:_____ **Height:**_____ **Weight:**_____ Gender: M or F

Provider Information

Requesting Healthcare Provider:_____Phone:_____ Fax:_____

Primary Healthcare Provider:_____Phone:_____ Fax:_____

Sleep History – Indications for polysomnography

- ❑ Witnessed Apneas G47.30)
- ❑ Excessive Daytime Sleepiness (G47.19)
- ❑ Snoring – must be associated with some impairment or sleepiness during the day (R06.83)
- ❑ Abnormal behavior during sleep (walking, talking, jerks...) (G47.69)
- ❑ Documented hypertension (I10) OR ischemic heart disease (125.9)
- ❑ OTHER (Type II Diabetes, BMI ≥ 33, Atrial Fibrillation, CAD, CHF or Depression) Patient must meet 2 of the above criteria when choosing OTHER as option

This information is required to allow the referral coordinator to obtain prior authorization for the procedure to insure insurance coverage. Prior Authorization number_____

Please attach copy of insurance information and most recent consult notes.

Allergies: _____

Special Needs: (check all that apply)

❑ Interpreter ❑ Wheelchair ❑ Hearing Impaired ❑ Family/Caregiver Assistance ❑ Fall Risk

❑ Other: _____

Sleep Lab Orders

Recent Sleep Study or Recent HST: Date completed _____ (please provide dates and previous records)

Polysomnography Stude Type

❑ 95810 Standard Split-night Polysomnogram (PSG)
❑ 95806 Home Sleep Study
❑ 95811 All Night Titration Study
❑ 98505 Polysomnogram with Multiple Sleep Latency Testing *(if AHI or RDI < 5) (test for narcolepsy)*
❑ ASV titration, ECHO completed
❑ Maintenance of Wakefulness Test (MWT)

Oxygen Order

❑ Start baseline/titration without oxygen
❑ Follow standard oxygen initiation protocol
❑ Other: _____

Maximum Oxygen Flow Rate

❑ 2 L/min
❑ 3 L/min
❑ 4 L/min
❑ Other: _____

Ordering Healthcare Provider Signature _____ Date_____

Healthcare Provider Name (Please Print)_____ NPI #_____

Provider Phone # _____ Provider Fax #_____

❒ Dr. O'Halloran to read ❒ PDS provider to read ❒ Dr. Hoff to read

SLEEPNOTES