# Alamo Sleep Disorders Center

2128 Babcock, Bldg. 1 San Antonio, TX 78229 * 19222 Stonehue, #105 San Antonio, TX 78258
(210)340-1141 * (800)382-2260 * Fax: (210)344-3862

## Physician's Order for Sleep Study

Patient Name: _____DOB: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

## Service Requested (Please Check):

☐ Refer to Sleep Specialist at Alamo Sleep Disorders Center, Inc.
☐ Standard evaluation (1-2 nights of polysomnography) for possible obstructive sleep apnea (OSA).
If the Apnea + Hypopnea Index (AHI) is greater than 15/hour in the first two hours of recording, a titration trial of CPAP will be initiated. If the baseline sleep study demonstrated significant sleep apnea (AHI>5 hour) but the patient does not qualify for CPAP after two hours, the patient will be scheduled for a second sleep study for a full night of CPAP titration.
☐ Treatment follow-up with Sleep Specialist
☐ Baseline without any CPAP intervention
☐ CPAP titration study (for patients with documented OSA by previous sleep study).
☐ BIPAP titration study (as indicated in previous sleep study)
☐ Resmed Adapt SV titration study (as indicated in previous sleep study)
☐ Multiple Sleep Latency Test (MSLT) with a baseline study the night before
☐ Daytime Desensitization Training
☐ Consider sedative hypnotic such as zolpidem to aid in patient's sleep (your physician will need to prescribe if needed)
☐ Other

❑ Other (please specify):

Brief History : _____
_____

Check If Present:

1) Respiratory Dysfunction
☐ Witnessed apneas ☐ Audible snoring ☐ Morning headaches

2) Sleep Disturbance
☐ Abnormal movements during sleep ☐ Three or more awakenings per night

3) Daytime Somnolence
☐ Mild (sleepy during the day but does not sleep inappropriately)
☐ Moderate (naps if possible; falls asleep sitting up if permitted)
☐ Severe (requires naps; falls asleep while driving)

4) Relevant History:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | OSA | ☐ | Home Oxygen | ☐ | Overweight (BMI>27<30) | ☐ | UPPP |
| ☐ | COPD | ☐ | CPAP | ☐ | Tonsillectomy | ☐ | CAD |
| ☐ | CHF | ☐ | BIPAP | ☐ | Tracheotomy | ☐ | CVA |
| ☐ | Depression | ☐ | Nocturia | ☐ | Obesity (BMI>30) | ☐ | Hypertension |
| ☐ | Upper Airway Resistance Syndrome | | | ☐ | Other: | | |

Physician Information:

***Physician's Signature:_____ Date:_____***

***(SIGNATURE STAMPS NO LONGER ACCEPTED PER CMS EFFECTIVE 02/01/09)***

Ordering Physician: _____ NPI: _____ Phone #: _____ Fax #: _____

Address: _____ City/St/Zip: _____