Sleep Testing and Sleep Apnea Treatment Rx

NorCal Respiratory
Diagnostic Home Sleep Testing

3075 Crossroads Drive
Redding, CA. 96003
Phone: 246-1200
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Physician Name:		Physician Phone:
Patient Name:	DOB:	Patient Phone:

INITIAL COMPLAINTS / REASON FOR SLEEP TEST

Please check *all* that apply:

- ❑ Excessive Daytime Sleepiness
- ❑ Snoring
- ❑ Witnessed Apneas
- ❑ Hypertension
- ❑ Diabetes/Pre-Diabetes
- ❑ Congestive Heart Disease
- ❑ Pain/anxiety Medications
- ❑ Insomnia
- ❑ Nocturia
- ❑ Stroke
- ❑ Fatigue
- ❑ A-Fib

Other:

CONFIRMATION OF FACE-TO-FACE

❑ **Yes Face-to-face assessment of patient completed to evaluate for OSA**

SLEEP APNEA TREATMENT REQUESTED

Please select one:

❑ **Home Sleep Test and Sleep Apnea Treatment - Comprehensive Rx**

Includes:

- Diagnostic Home Sleep Test (In-lab polysomnogram when restricted by patient's insurance)
- Home CPAP-Auto Titration Study if patient is positive for sleep apnea (In-lab titration when restricted by patient's insurance)
- CPAP/BiPAP device w/heated humidity dispensed if deemed medically necessary
- Nocturnal oximetry test following diagnostic sleep testing and/or therapy when appropriate due to hypoxemia present in HST

❑ **In-Lab Sleep Test and Sleep Apnea Treatment - Comprehensive Rx**

Includes:

- Diagnostic In-lab Polysomnogram (PSG)
- CPAP/BIPAP Titration Study - if patient is positive for sleep apnea
- CPAP/BIPAP device w/heated humidity dispensed if deemed medically necessary
- Nocturnal oximetry test following diagnostic testing if appropriate

Physician Signature_____**Date:**_____

Along with this signed physician's order, please fax:

1. **Doctor's chart notes addressing sleep apnea**
2. **Patient's cover sheet including insurance info**

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