



Centra Sleep Disorder Centers Request For Sleep Disorders Evaluation

- Virginia Baptist Hospital: 3300 Rivermont Ave, Lynchburg, VA Phone (434) 200-4628 / Fax (434) 200-4400
- Southside Community Hospital: 800 Oak Lane, Farmville, VA Phone (434) 315-2407 / Fax (434) 200-2408

Patients cannot be scheduled without: Completed & signed order, Patient Demographics, Insurance Card, Office Notes, & Completed Health History Questionnaire

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____ Email: _____

Mailing Address: _____

Insurance: _____ Policy # _____ Group # _____

Height _____ (cm) Weight _____ (kg) BMI _____ Neck Circumference _____ (in) Epworth Sleepiness Score: _____

Signs and Symptoms (check all that apply):

- | | | |
|-------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Sleep Apnea, Unspecified (G47.30) | <input type="checkbox"/> Suspect PLMD (G47.61) |
| <input type="checkbox"/> Snoring (R06.83) | <input type="checkbox"/> Obstructive Sleep Apnea (Adult/PEDS) (G47.33) | <input type="checkbox"/> Parasomnias (G47.54) |
| <input type="checkbox"/> Insomnia (G47.00) | <input type="checkbox"/> Central Apnea (G47.31) | <input type="checkbox"/> Altered Mental Status (R41.82) |
| <input type="checkbox"/> Hypertension (I10) | <input type="checkbox"/> Obesity Hypoventilation Syndrome (E66.2) | <input type="checkbox"/> Idiopathic hypersomnia (w/o long sleep time)(G47.12) |
| <input type="checkbox"/> Frequent Awakening (G47.9) | <input type="checkbox"/> Idiopathic hypersomnia (w/long sleep time) (G47.11) | |
| <input type="checkbox"/> Other: _____ | | |

Prior sleep study or APAP/CPAP/BiLEVEL/ASV use? NO YES [PRESSURE IF ON PAP _____ cm H2O]
 Supplemental oxygen? NO YES LPM _____ Significant Lung Disease NO YES Stroke NO YES Date: _____
 Caregiver needed? NO YES Wheelchair or walker use? NO YES CHF III/IV NO YES Narcotic Use? NO YES

Special Needs/Requests: _____

TYPE OF EVALUATION REQUESTED

- Polysomnogram [attended] (CPT 95810) *or* Home Sleep Apnea Test [unattended] (CPT 95806): Diagnostic evaluation; Insurance coverage may dictate which study is performed; When specific criteria are met, patient may be able to begin therapy during the night (*Split-Night*)
- PAP Titration (CPT 95811): Therapeutic evaluation for established sleep apnea; Includes CPAP, Bilevel, ASV
- Multiple Sleep Latency Test or Maintenance of Wakefulness Test (CPT 95805): MLT is an evaluation for narcolepsy or hypersomnolence preceded by PSG; MWT is an evaluation of ability to stay awake.
- Mask Fit/Desensitization Session: Appointment to educate and evaluate different PAP interfaces. (CPT 94660)
- PAP NAP: Appointment for patients experiencing intolerance of PAP. (CPT 95807)

Request to refer patient to Board Certified Sleep Provider for study follow-up YES NO
 *If no, the ordering provider will assume management of patient symptom(s) and/or any sleep disorder(s) diagnosed by this study

Ordering Provider Signature _____ Date/Time _____ Ordering Provider Printed Name _____ NPI _____

Ordering Provider Name _____

| | | |
|------------------------------------|--------------------|---------------------------------------|
| SLEEP CENTER USE ONLY | VBH AASM # 215952 | SCH AASM # 270140 |
| | | |
| _____ Sleep Physician Signature | _____ Date/Time | _____ Sleep Physician Printed Name |

Patient Label



Sleep Disorder Centers
 Request For Sleep Disorders Testing
 Centra #999-2248
 Rev 02/2024