# Centra Sleep Disorder Centers


**Virginia Baptist Hospital**
Lyncburg, Virginia
Phone (434) 200-4628

**Forest Sleep Disorders Center**
Forest, Virginia
Phone (434) 455-0626

**Southside Community Hospital**
Farmville, Virginia
Phone (434) 315-2407

**Bedford Memorial Hospital**
Bedford, Virginia
Phone (540) 425-7665


## Request For Sleep Disorders Testing

**After Scheduling Sleep Study...Fax Order Sheet To: 434-200-4400 - Lynchburg 434-315-2408 - Farmville**
*****Please *INCLUDE* Patient Demographics, Insurance Card, Clinical Notes, & Completed Health History Questionnaire*****

Date of Study:________________ ☐ Cancellation List Medical Record #:________________

Patient Name:____________________________________________ DOB:____________________

Home:__________________________ Cell:________________________ Email:______________________________

Address:________________________________________________ City:______________________ Zip:________________

**Epworth Sleepiness Score:**________ Height:________ Weight:________ BMI________ Neck Circumference________

**Signs and Symptoms:** ____________________________________________________________

☐ Witnessed Apnea G47.30 ☐ Snoring R06.83 ☐ Excessive Daytime Sleepiness G47.10 ☐ Insomnia G47.00 ☐ HTN I10
☐ Frequent Awakenings G47.9 ☐ Obstructive Sleep Apnea (Adults/ pediatric) G47.33 ☐ Obesity Hypoventilation Syndrome E66.2
☐ Parasomnias G47.54 ☐ Suspect PLMD G25.81 ☐ Central Apnea G47.31 ☐ Altered Mental Status R41.82
☐ Idiopathic hypersomnia w/long sleep time G47.11 ☐ Idiopathic hypersomnia w/o long sleep time G47.12

☐ Other:______________________ ☐ Other:______________________ Prior sleep study/ CPAP/ Bilevel use ______________

☐ YES ☐ NO
Is patient on any narcotics?

☐ YES ☐ NO
Is patient on oxygen? How much?________________

☐ **Split Night Study**
- **Diagnostic-Split *IF* criteria is met**

**CPT: 95811 (Attended)**

☐ **PAP Titration**
- **Patient must have prior diagnostic study**

**CPT: 95811 (Attended)**
CPAP / BiLevel titration / ASV

☐ **Polysomnogram (PSG)**
- **Entire night study**

**CPT: 95810 (Attended)** EEG, EOG, EMG, EKG, Airflow, Resp Effort, SpO2, Body Pos

☐ **PapNap**
- **Assistance in solving issues for CPAP noncompliance**

**CPT: 95807 (Attended)**

☐ **At Home**
**Portable Sleep Study**
- **If insurance approves**
- **Entire night diagnostic study**

**CPT: 95806 (Unattended)**
Cardiopulmonary and limited sleep data

☐ **Multiple Sleep Latency Test (MSLT)**
☐ **Maintenance of Wakefulness Test (MWT)**
- **Patient must have previous PSG Study**
- **If Narcolepsy is suspected (MSLT)**

**CPT: 95805 (Attended)**

**Special Instructions and Requests:**

Insurance______________________
Policy #______________________
Group #______________________

☐ **YES -** Patient will be referred to LPA Sleep Wellness Center after sleep study.
☐ **NO -** This ordering physician will assume responsibility for management of sleep disorder diagnosed by this study

**NOTE**: All patients tested at the CSCH Sleep Center will be followed in the clinic located at the hospital **434-315-2407**

Office Stamp

Facility Name/Address:
______________________
______________________
______________________

Phone #: ______________________
Fax #: ______________________

______________________________________________
Provider Signature Date/Time

______________________________________________
Provider Printed Name Dictation #

______________________________________________
Sleep Center Physician Signature Date/Time

______________________________________________
Sleep Center Physician Printed Name Dictation #

**Patient Label**