



**This form will serve as a prescription for a sleep study. Please complete all sections below. Please fax the History & Physical along with this order to (606) 833-3998**

PATIENT'S NAME	DOB	TODAY'S DATE
TELEPHONE NUMBER	PHYSICIAN'S NAME	
YOUR APPOINTMENT FOR TESTING IS SCHEDULED FOR		
(DATE) AT		(TIME) <input type="checkbox"/> AM <input type="checkbox"/> PM

\*Medical necessity is required for the tests with asterisks, please review your Local Medical Review Policies. If you suspect that the test is not covered, inform patient they will be asked to sign an Advanced Beneficiary Notice.

**DIAGNOSIS SUSPECTED**

- |  |   |
|--|---|
| <input type="checkbox"/> Obstructive Sleep Apnea           | <input type="checkbox"/> S/P Upper Airway Surgery |
| <input type="checkbox"/> Alveolar Hypoventilation Syndrome | <input type="checkbox"/> Narcolepsy               |
| <input type="checkbox"/> Periodic Leg Movement             | <input type="checkbox"/> Restless Leg Syndrome    |
| <input type="checkbox"/> Insomnia                          | <input type="checkbox"/> Other: _____             |

**POLYSOMNOGRAM STUDY ORDERED**  
(check below)

**Medical Necessity/ICD 9 Code**

- |  |       |
|--|-------|
| <input type="checkbox"/> Diagnostic Sleep Study                                  | _____ |
| <input type="checkbox"/> CPAP/BiPAP Titration Study (2 <sup>nd</sup> night only) | _____ |
| <input type="checkbox"/> CPAP/BiPAP Repeat Titration Study                       | _____ |
| <input type="checkbox"/> Multiple Sleep Latency Test (MSLT)                      | _____ |
| <input type="checkbox"/> Maintenance of Wakefulness Test (MWT)                   | _____ |
| <input type="checkbox"/> Carbon Dioxide Monitoring                               | _____ |

**SPECIAL INSTRUCTIONS:**

Is patient currently on continuous oxygen therapy? N Y \_\_\_\_\_ LPM

Special Patient needs or other instructions \_\_\_\_\_

**Physician's Signature (required):** \_\_\_\_\_ **M.D. Date:** \_\_\_\_\_

I authorize OLBH Sleep Center to perform sleep studies on the above patient according to their protocols; including the urgent use of CPAP and Oxygen.

**PATIENT INSTRUCTIONS ON BACK**

## PATIENT INSTRUCTIONS

### LOCATION:

The Sleep Center is located in the building beside the Cancer Center on the hospital campus.

### QUESTIONS OR CONCERNS:

If you have any questions or concerns call 833-3993.

### CANCELLATIONS/RE-SCHEDULES:

While we realize appointments can not always be kept, we kindly request that you make every effort to keep your scheduled appointment. If you must cancel/reschedule your appointment, we ask that you contact our office at (606) 833-3993 as soon as possible.

### PRE-STUDY INSTRUCTIONS & INFORMATION:

Please bring the following items with you on the night of your study:

- ☀ Any medication you might require during your stay.
- ☀ Your pillow, if you prefer. Otherwise, one will be provided.
- ☀ Clothing to sleep in. Pajamas or a nightgown with a button down front is recommended. A T-shirt and shorts or sweatpants will do. We do not recommend satin or silk bed clothing. If you do not bring anything to wear you will be required to sleep in a hospital gown.
- ☀ Personal toiletries such as toothbrush, toothpaste, and soap. We suggest you also bring shampoo to wash the electrode application paste from your hair. A personal shower is available in your room.
- ☀ Sleep Questionnaire (you will receive this in the mail approximately 1 week from test date.)
- ☀ Health insurance card.

The day of your study:

- ☀ Follow your usual routine. Take your usual medications. If you have a question about taking your medication on the day of, consult your ordering physician.
- ☀ Avoid alcohol, sedatives, excessive amounts of caffeine, and late afternoon/evening naps.
- ☀ Shower and wash your hair on the day of the study. Do not apply gels, oils or lotions to your body or hair.
- ☀ Meals are not provided. A meal shortly before coming into the lab is recommended.
- ☀ Please **DO NOT** bring valuables with you. The Sleep Center is not responsible for your personal belongings.

You will receive a telephone call to pre-register you 1 to 2 days prior to your visit. If you have not been contacted by the day of your study, please call our office at (606) 833-3993 Monday through Friday 8:00 am to 4:30 pm to pre-register. If you are unable to pre-register by phone, simply arrive 10 minutes early. Nightshift arrives at 8:00 pm, no one is in the Sleep Center until that time in the evening.