



MOBILE SLEEP SERVICES, INC.
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 Littleton, CO 80128

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 St. Vincent Health in Leadville, CO
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 Registered Sleep Technologist / Respiratory Therapist

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 Board Certified Pulmonary Disease / Critical Care / Sleep Disorders

To request a formal polysomnogram (sleep study), please fax your request to the above fax number.

FOR PATIENT SAFETY REASONS, PLEASE INCLUDE RECENT HISTORY & PHYSICAL AND CURRENT MEDICATION LIST

NAME OF PATIENT: _____ DATE STUDY ORDERED: ____/____/____

HEIGHT: _____ inches WEIGHT: _____ lbs. SEX: ___Male ___Female DATE OF BIRTH: ____/____/____

PHONE: Home: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

SLEEP STUDY LOCATION (HOSPITAL NAME): St. Vincent Health, 816W. 4th St Leadville, CO 80461

REASON(S) FOR SLEEP STUDY (Please list all that apply to patient)

PERTINENT EXAM (Please check all that apply to patient)

<input type="checkbox"/> Enlarged Tonsils	<input type="checkbox"/> Redundant Soft Palate	<input type="checkbox"/> Large Uvula	<input type="checkbox"/> Macroglossia
<input type="checkbox"/> Nasal Turbinate Edema/Erythema	<input type="checkbox"/> Nasal Blockage	<input type="checkbox"/> Retrognathia	<input type="checkbox"/> Septal Deviation
<input type="checkbox"/> Nasal Mucosal Edema	<input type="checkbox"/> Pulmonary Hypertension	Other: _____	

DOES YOUR PATIENT HAVE ANY SPECIAL NEEDS?

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Supplemental Oxygen at _____ LPM	<input type="checkbox"/> Interpreter (Language _____)
<input type="checkbox"/> Other (Please Describe): _____		

DOES YOUR PATIENT HAVE ANY HEART CONDITIONS?

No Yes (Please Describe): _____

TYPE OF SLEEP STUDY REQUESTED

BASELINE STUDY – This is a full sleep study monitoring the following parameters: sleep EEG, respiratory airflow and effort, oximetry, heart rate, chin and leg EMG, body position and snoring. PAP titration will NOT be performed during this study. (CPT Code 95810)

SPLIT-NIGHT STUDY (BASELINE WITH PAP TITRATION) – This is a full sleep study monitoring the parameters listed in the “BASELINE STUDY” definition above but consisting of 2 to 3 hours of baseline data collection followed by supplemental oxygen and/or PAP titration. Supplemental oxygen and/or PAP modes and pressures will be adjusted, if indicated, by sleep disordered breathing including apneas, hypopneas, hypoventilation, and/or low oxygen saturation levels. (CPT Code 95811)

PAP TITRATION STUDY – This is a full sleep study consisting of the parameters listed in the “BASELINE STUDY” definition above but the study will be performed with the patient on PAP therapy the entire night while on room air and/or supplemental oxygen entrained, if indicated. Supplemental oxygen and/or PAP modes and pressures will be adjusted, if indicated, by sleep disordered breathing including apneas, hypopneas, hypoventilation, and/or low oxygen saturation levels. (CPT Code 95811)

BASELINE IS TO BE PERFORMED WITH THE PATIENT ON:

<input type="checkbox"/> Room air (Supplemental oxygen if indicated)	<input type="checkbox"/> Room air only	<input type="checkbox"/> Supplemental oxygen at _____ LPM ***
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*** If baseline data is collected with the patient on supplemental oxygen instead of room air, breathing events may not cause oxygen saturations to 4% or greater as required by Medicare/Medicaid (plus a few additional insurance plans) to qualify the patient for nasal PAP titration/therapy regardless of sleep apnea/hypopnea severity. For this reason, a room air baseline is recommended unless there are safety issues or other issues requiring the patient to be on supplemental oxygen.

ADDITIONAL ORDERS:

If a patient is already on PAP therapy and needs a prequalifying baseline or split-night study, the patient may sleep poorly on the night of the study unless they discontinue PAP therapy for 1 to 2 nights prior to the study. It might be helpful to the patient if a hypnotic is prescribed for the evening of the study only to help ensure quality baseline sleep. If a hypnotic is prescribed, the patient should be advised not to drive for at least 7 hours from the time the medication is taken.

Is it safe for the patient to discontinue PAP therapy for 1 to 2 nights before the sleep study? Yes No

REQUESTER'S NAME (Please print or type): _____ M.D. ___ D.O. ___ PA-C ___ FNP

REQUESTER'S SIGNATURE _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Office (____) _____ - _____ Fax (____) _____ - _____