



One night for a Lifetime of Better Sleep

FAX: 913-721-5402 OFFICE: 913-721-5511

Let us know when patient is scheduled: YES NO
Date Scheduled:
Lab Location Patient Prefers:
Hutton Rd, KCK KC/Liberty Northland Lansing, KS

PM SLEEP LAB SLEEP STUDY SERVICE REQUEST
Please FAX to 913-721-5402

Patient Name Date of Birth SSN
Address City State Zip
Home Phone Work/Cell Best time to call: AM PM
Referring Physician Physician Phone Physician Fax
Insurance Company Phone
Member ID # Group #

Please check if Patient weight exceeds 400 lbs
Please forward insurance referral with order, if applicable.
Please provide History & Physical office notes and front/back copy of patient's insurance card.

TYPE OF SLEEP STUDY TO BE PERFORMED:

- Split/Night Polysomnogram- A combination sleep study includes: minimum of 2 hours documenting sleep related abnormal breathing episodes followed by the initiation and titration of CPAP/ BiPAP therapy per protocol.
CPAP/ BiPAP Titration Polysomnogram- CPAP/ BiPAP will be initiated at the start of the study and titrated as protocol dictates.
Home Sleep Test (HST)- Used if patient screens positive for moderate or severe OSA.
Polysomnogram Only (PSG) - A diagnostic sleep study.
Post-Op Polysomnogram- This study is to assess benefits from upper airway surgery.
Multiple Sleep Latency Test (MSLT) - To determine daytime sleepiness in relationship to sleep disorders, especially narcolepsy.
Maintenance of Wakefulness Test (MWT) - Determination of ability to sustain wakefulness.

TREATMENT AND CONSULTATIONS:

Sleep Medicine Consultation: After the sleep study, final results will be sent to Dr. Aman Khan, Medical Director of PM Sleep Lab, KC, KS or to Dr. Cynthia Spilker, Medical Director of PM Sleep Lab, MO for patient consultation, treatment and follow-up.

INDICATION FOR EVALUATION:

- Insomnia with Sleep Apnea, Unspecified (780.51)
Organic Sleep Apnea Unspecified (327.20)
Unspecified Sleep Apnea (780.57)
Restless Leg Syndrome (333.94)
Hypersomnia (780.54)
Other:

Additional Instructions or Indications:

Referring Physician Signature (required) Date