



Sleep Diagnostic and Treatment Request

Patient Name: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Or other: _____

Special Patient Needs or Precautions: _____

Please Enclose Patient's History & Physical and/or Progress Notes plus Insurance Information

_____ **Polysomnogram (Full Sleep Study) – Attended**

CPT 95810 A multi-channel, overnight recording, Parameters recorded include 2 EEGs, 2 EOGs, 2 EMGs, nasal oral airflow, snoring, thoracic and abdominal excursions, and oxygen saturations.

_____ **Polysomnogram (Full Sleep Study) – Unattended**

CPT 95810-52

_____ **Continuous/ Bi-level Positive Airway Pressure Titration – Attended**

CPT 95811 Prescribed for a second night polysomnography after a positive diagnosis of Obstructive Sleep Apnea. (CPAP/BIPAP)

_____ **Split Night Study- Attended**

CPT 95811 CPAP treatment is initiated after a period of baseline recording indicates the patient meets CPAP initiation protocol equipments. (Criteria: Respiratory Disturbance Index "RDI" over 30 per hour in the first half of the night or SaO2 desaturations below 80 percent.

_____ **Multiple Sleep Latency Test (MSLT)**

CPT 95805 A series of naps performed during the day following a polysomnogram, patients with symptoms of unexplained daytime somnolence. An MSLT is also diagnostic for Narcolepsy.

_____ **Maintenance of Wakefulness Test (MWT)**

CPT 95805

_____ **Esophageal Manometry**

CPT 91020-52 Utilized to measure locations in negative intrathoracic pressure as a reflection of work of breathing.

_____ **Ambulatory Sleep Study (Eden Trace) – Unattended**

CPT 95806

Referring Physician Information

Physician Name: _____ Specialty: _____

Address: _____ City: _____

State: _____ Zip: _____ Office Contact Person: _____

Phone #: _____ Fax #: _____