

# Suburban Hospital Sleep Disorders Center

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SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

8600 Old Georgetown Road | Bethesda, MD  
suburbanhospital.org

## PHYSICIAN'S ORDER FOR SLEEP STUDY

Patient Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell/Wk Ph: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

### Type of Study Requested

- Polysomnogram (NPSG) 95810
- Split night study (NPSG/CPAP)
- NPSG with Multiple Sleep Latency Test (MSLT) 95805
- Comprehensive NPSG, CPAP (if AHI>5 on NPSG) & Placement with CPAP for home use if medically necessary.
- CPAP titration study 95811
- Bi-level titration Study 95811
- Maintenance of Wakefulness Test (MWT) 95805

Special Instructions/Needs: \_\_\_\_\_

### I AUTHORIZE SUBURBAN HOSPITAL TO PERFORM A SLEEP STUDY ON THE ABOVE PATIENT ACCORDING TO THEIR PROTOCOLS, INCLUDING URGENT INITIATION OF OXYGEN & CPAP.

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
NPI: \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Specialty: \_\_\_\_\_

### Please Complete For Medicare Patients Only

**Medicare Patients:** Check box if face-to-face physician evaluation of patient, including history and physical exam, was performed prior to polysomnography (sleep study). (As a Medicare requirement, patient's physician MUST provide us a copy of patient's medical record documenting evaluation of patient's need for a sleep study.)

### VERIFICATION OF MEDICAL NECESSITY: (History and Physical notes may substitute)

#### Medical History (check all that apply)

- Hypertension
- Congestive Heart Failure
- Seizures
- Pulmonary Hypertension
- Asthma
- Diabetes
- Emphysema
- Nasal Obstruction
- Cardiac Problems
- Nocturnal Reflux/GERD
- Stroke
- Obesity

ALLERGIES (Please Note): \_\_\_\_\_

#### Known Sleep History:

- Sleep Apnea
- Restless Legs Syndrome (RLS)
- Periodic Limb movements
- Insomnia
- Narcolepsy
- Sleep Walking
- Night Terrors/Pavor Nocturnus
- Bedwetting - Enuresis
- REM Behavior Disorder (RBD)

#### Symptoms

- Snoring
- Waking with a headache
- Daytime sleepiness
- Waking feeling tired
- Witnesses pauses in breathing while asleep
- Restless sensation in arms or legs
- Currently on CPAP/Bi-Level cm \_\_\_\_\_ cmH2O
- Previous Sleep Study location: \_\_\_\_\_ date: \_\_\_\_\_
- Awaken with gasping or choking sensation
- Kicking movements while asleep
- Difficulty falling asleep or staying asleep
- Impaired daytime concentration/memory
- Sleep paralysis
- Cataplexy