

GOODNITE SLEEP SOLUTION, LLC.



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Referral Form

PATIENT INFORMATION:

Patient Name: _____ Order Date: _____
Identifier/Record: _____ Ordering Physician: _____
Home Phone #: _____ Work Phone #: _____
Insurance: _____
Authorization# _____ Study Date: _____
Arrival Time: **8:00pm** **9:00pm** **Scanned Date:** _____
Rescheduled Scanned Date: _____

Internal use only: (date and initials)
No Show: _____
Reschedule Date: _____
Info Sheet to Pt. _____ Date Scored: _____
Confirmation call day of study: _____ Scoring Tech: _____
Reports visit/call Date: _____ Recording Tech: _____
Diagnosis for Test Below: Obstructive Sleep Apnea G47.33; Hypersomnia NOS G47.10; Hypersomnia due to medical condition G47.14; Idiopathic Hypersomnia w/long sleep time G47.11; Idiopathic Hypersomnia without long sleep time G47.12; Narcolepsy w/cataplexy 347.00 (G47.411); Narcolepsy w/o Cataplexy 347.01 (G47-419); Insomnia NOS 780.52 (G47.00); Obesity Hypoventilation syndrome E66.2; Sleep related non-obstructive Alveolar Hypoventilation G47.34; REM sleep behavior disorder 327.42(G47.52)

SLEEP CENTER TESTING PROTOCOL-ORDER: (please check, fill in or circle where appropriate)

- Diagnostic Polysomnogram** (Comprehensive sleep study / “PSG”) (CPT 95810)
- Split Night Polysomnogram** (Comprehensive sleep study + CPAP titration or other therapy) (CPT 95811)
(For therapy other than Cpap please add details in “special instructions” section below)
Split after AHI of _____ . A REM period is or is not required before splitting.
- REM Preferred 2 AM Split**
- CPAP Titration Polysomnogram** (Full night of CPAP at a fixed or titrated level) (CPT 95811)
- MSLT** (Multiple Sleep Latency Test following overnight PSG) (CPT 95805)
- MWT** (Maintenance of Wakefulness Test following overnight PSG) (CPT 95805)
- Limited Polysomnogram** (Cardio-respiratory recording w/o EEG)

IN-HOME SLEEP TEST (CPT 95806) Overnight sleep test-pick up and return from our office

Ordering Options:

- Lights out preferred:** _____ AM/PM; **Lights on preferred** _____ AM/PM
- Oxygen** via: nasal cannula at _____ L/min: Entrained into CPAP/Bilevel mask at _____ L/min;
Via mask (plain; venturi) at FIO2 _____ or _____ L/min.
- Do not use supplemental oxygen unless additional order.
- Hypnotic needed: (Rx to patient or patient to bring meds to lab)** _____
- Do not take** _____ **Patient to take all medications** _____

Relevant Medications: _____

Problems: **Diabetes Mellitus: Y/ N : Atrial Fib (or PAF) Y/ N : Pacemaker Y/N**

SPECIAL INSTRUCTIONS: (please add specific changes to protocol or montage here)

Signature: _____ **Date:** _____