HEALTHY SLEEP MD

5777 West Maple Road, Suite 185
West Bloomfield, MI 48322
HealthySleepMD.com

Phone: (248) 688-0088
Fax: (248) 757-0005
e-mail: info@healthysleepmd.com

External Sleep Study Order Form

Patient information:	**Name:**		**Date of Birth:**
	(Home) Phone:	**(Cell) Phone:**	**Gender:**
Ordering Clinician:	**Name:**	**Phone:**	**Fax:**
Date of Request:	*Order expires 1 year from today*		
Note	The patient will receive study results and any treatment from the ordering physician. Please send the clinic note documenting the medical necessity for the ordered study and patient's co-morbid medical conditions.		
Select one	□ HSMD to READ ONLY and send results back to ordering provider □ HSMD to READ and FOLLOW patient in clinic for results and treatment		
Does the patient have any of these contraindications to home testing?	□ Oxygen use □ Neuromuscular disease □ BMI >32 with HCO3 >27	□ Opioid use □ Mod to severe COPD □ Recent stroke	□ CHFrEF <45% □ Cervicothoracic cord injury □ Dementia

Study Type:	□ Home sleep test 95800	□ Polysomnogram 95810	□ CPAP titration 95811	□ Other Inspire/ MAD / MSLT

- If insurance requires home study before polysomnography, would you like the home study completed first? □ Yes □ No
- Home sleep studies have low sensitivity and cannot exclude sleep apnea. If home study is inconclusive, would you like follow up polysomnography? □ Yes □ No

Diagnosis:	□ G47.33 Obstructive Sleep apnea □ G47.10 Hypersomnia □ Other: _____
	Epworth score: ___/24 [ ] BMI >35 [ ] Neck circ 16"
Indication for study	If Epworth <10, please select at least 2, required by insurance for timely reimbursement □ Obesity E66.9 □ Hypertension, I10 □ Depression F32.9 □ Daytime Fatigue R53.82 □ Morning headache G44.021 □ Irritability/ personality change R45.4 □ Unrefreshing sleep G47.8 □ Snoring R06.82 □ 10% weight change □ Impaired concentration R41.840 □ Parasomnia
Special Instructions:	
Physician Signature:	
NPI #:	

Please send above order form with the following via fax or HIPAA compliant email:

□ This order form □ Office visit (must be in person) □ Face sheet □ Active insurances

□ Previous sleep study including negative HSAT if ordering follow up PSG