

## Clarkston Sleep Diagnostic Center

5701 Bow Pointe Drive, Suite 355  
Clarkston, MI 48346  
(P)248-922-6840 (F)248-922-6842

### Sleep Study Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

#### IMPORTANT

**\*\*Office notes from visit describing patients sleep symptoms along with patient demographics and insurance information is required prior to scheduling\*\***

Prior to any sleep study there must be a face to face visit with the patient discussing the patients sleep problems. If the patient is positive for OSA and begins PAP therapy, there must be another face to face visit between 30-90 days after therapy starts to validate the patient is benefiting from the therapy. There must also be a compliance download at this time proving use > 4 hours/night. If you choose, you may refer your patient to a sleep specialist who will evaluate and provide follow up care. Please note all BC/BS PPO members **MUST** see a board certified sleep specialist prior to any testing.

Sleep medicine physician consultation

<OR>

Test requested (Ordering physician will provide follow up care):

Polysomnogram (PSG) 95810 followed by CPAP titration 95811 (if needed)

Polysomnogram only 95810

CPAP/BiLevel titration only 95811 (for patients already OSA positive on PSG/HST)

Home Sleep Testing 95806 or G0399

Suspected Diagnosis:  OSA G47.33  Hypersomnia G47.10  Sleep Apnea with Hypersomnia G47.11

Sleep Apnea, unspecified G47.30  Primary Central Sleep Apnea G47.31

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician (please print): \_\_\_\_\_

Office phone: \_\_\_\_\_