



POLK STARLIGHT SLEEP LABS

Sleep Apnea and Sleep Disorder Diagnostic and Treatment Labs

Phone: 863-688-2700 / Fax: 863-688-8240

Sleep Study Ordering Form

Patient Name: _____

Date: _____

Ordering Physician: _____

Study Requested:

- Polysomnogram
- Polysomnogram with Titration
- Polysomnogram Split Study (if meets protocol)
- Polysomnogram Retitration (recertification)
- Polysomnogram with Parasomnia Montage
- Polysomnogram with MSLT
- Polysomnogram with Titration with MSLT
- Mean Wakefulness Test (MWT)
- Other Sleep Test _____

Indication:

- Snoring, EDS; Suspect OSA
- Nocturnal Arousal C/W RBD
- Insomnia
- Suspect Narcolepsy
- Nocturnal Arousal C/W slow wave parasomnia

Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> 786.03 Apnea | <input type="checkbox"/> 427.89 Bradycardia |
| <input type="checkbox"/> 427.89 Bradycardia / Vagal | <input type="checkbox"/> 782.50 Cyanosis |
| <input type="checkbox"/> 780.79 Fatigue | <input type="checkbox"/> 780.1 Hallucinations |
| <input type="checkbox"/> 784.0 Headaches | <input type="checkbox"/> 346.90 Migraine Headaches |
| <input type="checkbox"/> 346.20 Headaches Cluster | <input type="checkbox"/> 780.54 Hypersomnia |
| <input type="checkbox"/> 780.51 Insomnia W/ Sleep Apnea | <input type="checkbox"/> 780.52 Insomnia other |
| <input type="checkbox"/> 347 Narcolepsy / Cataplexy | <input type="checkbox"/> 519.10 Obstr. Due to Bronchi |
| <input type="checkbox"/> 478.75 Obstructive Laryngospasm | <input type="checkbox"/> 780.59 Parasomnia |
| <input type="checkbox"/> 530.81 Reflux, GERD | <input type="checkbox"/> 780.59 REM Sleep Behavior, Disorder |
| <input type="checkbox"/> 333.99 Restless Leg Syndrome | <input type="checkbox"/> 345.50 Epilepsy, Part, W/O Mention |
| <input type="checkbox"/> 345.51 Epilepsy, Partial, w Impairment of Consc. | |
| <input type="checkbox"/> 345.90 Epilepsy seizures W/O Intract | <input type="checkbox"/> 345.91 Epilepsy seizures intractable |
| <input type="checkbox"/> 780.53 OSA (Obstr. Sleep Apnea) | <input type="checkbox"/> 780.57 Sleep Apneas |
| <input type="checkbox"/> 788.36 Sleep Enuresis | <input type="checkbox"/> 780.56 Sleep Rhythm Inversion |
| <input type="checkbox"/> 780.09 Somnolence | |

Instructions:

- Patient may take his/her Sonata sample 10 mg
- Special Instructions:

Ordering Physician Signature