Adventist Midwest Health

Sleep Disorders Centers

ACCREDITED MEMBER CENTER

SLEEP CENTER	☐ **BOLINGBROOK**	☐ **HINSDALE**	☐ **LA GRANGE**	☐ **FIRST AVAILABLE**

PATIENT NAME	**DATE**
PATIENT DOB	**PHYSICIAN SIGNATURE** **X.**
PATIENT PHONE	**PHYSICIAN NAME**
PREFERRED SLEEP PHYSICIAN:	**PHYSICIAN PHONE**
PREAUTHORIZATION / PRECERTIFICATION #:	**PREAUTHORIZATION / PRECERTIFICATION NOT REQUIRED PER:**
SPECIAL INSTRUCTIONS	

SLEEP CONSULTATION SERVICES:

☐ **PRE-TEST SLEEP PHYSICIAN CONSULTATION**

☐ **POST-TEST SLEEP PHYSICIAN CONSULTATION**

- WITH A SLEEP CONSULTATION, WE WILL ORDER AND MANAGE ANY NECESSARY TESTING AND TREATMENTS INCLUDING HOME THERAPY EQUIPMENT.
- WITHOUT A SLEEP CONSULTATION, YOU WILL NEED TO ORDER AND MANAGE ANY NECESSARY TESTING AND TREATMENTS.

TESTING SERVICES:

PLEASE CHECK ONLY ONE SLEEP STUDY OPTION:

☐ **HOME SLEEP TEST (G0399)**
USE FOR SUSPECTED OSA PATIENTS WITHOUT THE PRESENCE OF A CO-MORBID CONDITION, SUCH AS: SLEEP DISORDERS OTHER THAN OSA, PULMONARY, NEUROLOGICAL, OR CARDIAC DISEASE.

☐ **LABORATORY SLEEP TEST (95810 AND 95811)**
CPAP TITRATION WILL BE PERFORMED IF APNEA IS OBSERVED IN ACCORDANCE WITH OUR SPLIT-NIGHT CRITERIA; AHI ≥ 25, MINIMUM 2 HRS SLEEP, MINIMUM 3 HRS LEFT FOR TITRATION.

☐ **LABORATORY SLEEP TEST WITH PAP THERAPY (95811)**
PROVIDE A COPY OF PRIOR STUDY IF NOT PERFORMED AT OUR SLEEP CENTER. PLEASE SPECIFY ONE THERAPY OPTION BELOW:

- ☐ **CPAP TITRATION**
- ☐ **BI-LEVEL TITRATION**

☐ **MULTIPLE SLEEP LATENCY TEST (95805)**
REQUIRES SLEEP CONSULTATION AND IS PRECEDED BY A FULL NIGHT SLEEP STUDY.

☐ **MAINTENANCE OF WAKEFULNESS TEST (95805)**
REQUIRES SLEEP CONSULTATION.

PLEASE SELECT A REASON FOR TESTING:

☐ **HYPERSOMNIA-UNSPECIFIED**

☐ **OBSTRUCTIVE SLEEP APNEA**

☐ **PRIMARY CENTRAL SLEEP APNEA**

☐ **SLEEP HYPOVENTILATION/HYPOXEMIA**

☐ **NARCOLEPSY, WITHOUT CATAPLEXY**

☐ **NARCOLEPSY, WITH CATAPLEXY**

☐ **PERIODIC LIMB MOVEMENT DISORDER**

☐ **UNSPECIFIED SLEEP DISTURBANCE**

☐ **OTHER:**_____

- **PLEASE FAX THE COMPLETED ORDER AND H&P TO 630.655.8166**
- **INCLUDE PREAUTHORIZATION OR REFERRAL IF REQUIRED BY INSURANCE PLAN**
- **IF HOME SLEEP TEST ORDERED, PLEASE INCLUDE COPY OF INSURANCE AND STATE ID CARDS**
- **CALL 630.590.2331 TO SCHEDULE AN APPOINTMENT**