

The FLORIDA CENTERS of SLEEP MEDICINE

To Schedule a patient, fax or email this completed form along with face sheet and Insurance card to:
904-215-7557 or call 904-215-7556 / EMAIL: referrals@floridasleep.org

PATIENT INFORMATION PLEASE ATTACH FACE SHEET and Insurance with FAX

Patient's Name: _____ **Phone #:** _____ **DOB:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Sex: Male Female
INS: _____ **Social Security #** _____ - _____ - _____

PRACTITIONER INFORMATION

Practitioner Name: _____ **Name of Practice:** _____
Phone: _____ **Fax (to send patient results):** _____ **Email:** _____

Based on the patient medical history and clinical physical examination, I believe this patient is clinically indicative for and that it is medically necessary to perform an immediate Sleep Study. I order the following test from The Florida Centers of Sleep Medicine:

Test Ordered: 95810 - PSG (Split if indicated) 95811 - CPAP Titration Split Night Bi-Level Titration Adapt SV
 95806 / 95800 - Home Sleep Test or Sleep Study Unattended 95805 - Multiple Sleep Latency (MSLT)

Instructions: Interpretation Only

Reading Sleep Physician: Mitchell S. Rothstein, M.D., FCCP, DABSM, FAASM Jack J. Salah, M.D., FCCP, DABSM, FAASM

Practitioner Signature: _____ **Date of Order:** _____

CLINICAL ASSESSMENT

Diagnostic Code is Required (check all that apply)

- Hypersomnia (Excessive Sleepiness) (G47.10)
- Unspecified Sleep Apnea (G47.30) Witnessed
- Apnea / Nec (R06.81)
- Obstructive Sleep Apnea (G47.33)
- Narcolepsy (G47.419) * Requires Sleep Consult
- Insomnia (G47.00) * Requires Sleep Consult
- Snoring (R06.83) * Requires Sleep Consult
- A.M. Headaches
- Nocturnal Hypoxemia
- Non Restorative Sleep

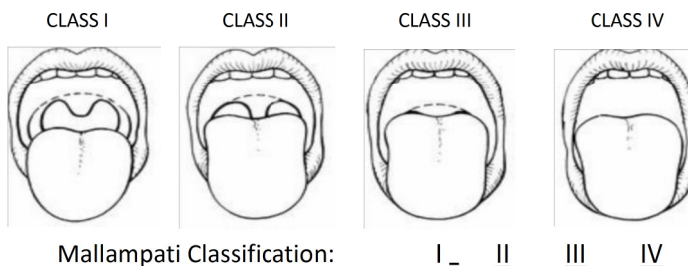
Co-morbid Conditions: (check all that apply)

- Pulmonary Hypertension
- Cerebro-Vascular Disease
- Congestive Heart Failure
- Coronary Artery Disease
- COPD / Chronic Lung Disease
- Cardiac Arrhythmia
- Neuromuscular Weakness
- Seizures
- Neurodegenerative Disorder
- Obesity Hypoventilation Syndrome

REQUIRED DOCUMENTATION:

- Attach Patient Demographics / Insurance
- Attach Recent H & P
- Attach Sleep History
- Attach Focused Cardiopulmonary Examination
- BMI: _____
- Neck Circumference: _____
- Epworth Sleepiness Scale (ESS): _____
-

Mallampati Classification Chart



/ 24

EPWORTH SLEEPINESS SCALE (ESS)

0 = never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

- SCORE CHANCE OF DOZING
- _____ Sitting and reading
 - _____ Sitting, inactive in a public place
 - _____ Lying down in the afternoon when circumstances permit
 - _____ In a car, while stopped for a few minutes in traffic

- SCORE CHANCE OF DOZING
- _____ Watching TV
 - _____ As a passenger in a car for an hour
 - _____ Sitting and talking to someone
 - _____ Sitting quietly after a lunch without alcohol

EPWORTH SLEEPINESS SCALE (ESS) SCORE