Southern Sleep Studies Center
Phone: 770-716-3433 Fax: 770-716-1814

Standard Order for Polysomnography

Patient Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Please note:
We are required to obtain adequate history and physical date before any procedures are performed. Please attach a copy of the history and physical and most recent office notes, or complete Section 1 of this form.

SECTION 1 – Symptoms of:

Sleep Disordered Breathing

- ☐ Loud, Irregular Snoring
- ☐ Observed Apnea
- ☐ Awakening from sleep gasping for breath
- ☐ Excessive daytime somnolence
- ☐ Morning Fatigue
- ☐ Un-refreshing Sleep
- ☐ Morning Headache
- ☐ Morning Dry Mouth
- ☐ Other: _____

Narcolepsy

- ☐ Cataplectic Attacks
- ☐ Hypnogogic Hallucination
- ☐ Overwhelming episodes of sleep
- ☐ Excessive daytime somnolence
- ☐ Disturbed Nocturnal Sleep
- ☐ Other: _____

Periodic limb movement in sleep/restless leg syndrome

- ☐ Unpleasant crawling or creeping sensation in lower extremities especially at bed time
- ☐ Insomnia
- ☐ Restless Sleep
- ☐ Frequent Awakenings
- ☐ Leg jerks during sleep
- ☐ Other:_____

PHYSICAL FINDINGS

- ☐ Nasal Obstruction (septal deviation or turbine
- ☐ hypertrophy)
- ☐ Enlarged Tonsils
- ☐ Enlarged Tongue
- ☐ Posteriorly Displaced Tongue
- ☐ Retrognathia/ Micrognathia
- ☐ Crowded Oropharynx
- ☐ Crowded Hypopharynx
- ☐ Large Neck Circumference
- ☐ Hypertension
- ☐ Other:_____

HEIGHT: _____ WEIGHT:_____

MEDICAL HISTORY

- ☐ Heart Disease
- ☐ COPD
- ☐ Asthma
- ☐ Epilepsy
- ☐ Active Infectious Disease
- ☐ Oxygen @LPM:_____
- ☐ Drug Allergies:_____

Diagnoses:

- ☐ OSAS (780.57)
- ☐ Narcolepsy (347)
- ☐ Other: _____ ICD-9: _____

SECTION 2

- ☐ Polysomnography (95810)
- ☐ CPAP Titration (95811)
- ☐ MSLT(95805)
- ☐ **Polysomnography and CPAP Titration (2 night Protocol)**
- ☐ Split Night Study
- ☐ **Set home CPAP at optimal pressure**

- ☐ Ambien, 5 mg, (one tablet if patient not asleep within one hour of lights out. May repeat ____ times)
- ☐ Mylanta, 0.6 mg, (2-4 tablets for heartburn or upset stomach relief)
- ☐ Sinemet, 25/100, (one tablet if patient is having PLMs)

Physician's Signature: _____ Date Signed:_____
Print Physician Name: _____ Phone#: _____