



Sleep Disorders Center of Northeast Georgia Medical Center

1466 Jesse Jewell Parkway SE • Gainesville, Georgia 30501 • 770/219-6263

To schedule appointments please call Central Scheduling at 770/219-7666.

Please fax this order form with a copy of the insurance card and some H&P and/or doctor's notes to 770/219-7665.

Patient Name: _____ DOB: ____ / ____ / ____

Referring Physician: _____ Phone: _____

Insurance Carrier: _____

Diagnosis: OSA (G47.33) Sleep Apnea/Sleep Related Breathing Disorder Unspec. (G47.30) Snoring (R06.83)
 Narcolepsy (G47.41) Sleep Related Movement Disorder (G47.6) Other _____ (specify)

Patient Symptoms:

- | | | |
|---|--|--|
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Loud snoring with disrupted sleep | <input type="checkbox"/> Sleep Paralysis |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Nocturnal Choking/Gasping | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Morning Headaches | <input type="checkbox"/> Leg jerks before or during sleep | <input type="checkbox"/> Mood Disorders |

Patient Comorbidities:

- | | | | |
|---------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> CHF/Atrial Fibrillation/Cardiomyopathy | <input type="checkbox"/> COPD/Asthma | <input type="checkbox"/> Morbid Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Abnormal Oral Evaluation | <input type="checkbox"/> CVA/Stroke | |

Procedure:

Diagnostic In-Lab Sleep Study (95810)

Follow Up:

Have patient return to Referring Physician for follow up and treatment

Can office substitute procedure with Home Sleep Apnea Study if insurance requires? Yes No

Home Sleep Apnea Study (G0399)

Can office substitute procedure with In-Lab Diagnostic Sleep Apnea Study if insurance requires? Yes No

CPAP Titration Study (95811)

Diagnostic Sleep Study w/MSLT (95810 & 95805)

Maintenance of Wakefulness Test, MWT (95805)

Can interpreting physician order additional testing if needed? Yes No

Would you like the interpreting physician to order the CPAP unit if needed? Yes No

Please choose interpreting physician:

- | | | |
|--|---|--|
| <input type="checkbox"/> Daniel Cobb, M.D, <i>Medical Director</i>
Phone: 678-961-0733
Fax: 678-961-0744 | <input type="checkbox"/> Wesley Head, M.D
Phone: 678-450-3625
Fax: 678-450-3626 | <input type="checkbox"/> Rami Arfoosh, M.D
Phone: 770-586-0300
Fax: 770-586-0311 |
|--|---|--|

If you wish to order a sleep consultation, please contact the Sleep Specialist office directly.

Physician Signature: _____ Dictation ID# _____ Date: _____



SLEEP EVALUATION ORDER FORM

PATIENT IDENTIFICATION:



140-00532