

# SLEEP DIAGNOSTIC ORDER



Patient Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## POLYSOMNOGRAPHY

check appropriate orders

## SLEEP STUDY

- Polysomnogram
- Maintenance Wakefulness
- Multiple Sleep Latency Test
  - Expanded Limb Lead
  - Expanded EEG Lead

DX: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_

## MEDICATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PULMONARY

- Split-Night Study - Includes >120min diagnostic sleep evaluation plus CPAP titration (AASM criteria)
- CPAP Titration Study - All night CPAP titration (patient has had diagnostic polysomnography)
- Supplemental oxygen:  YES  NO  
Oxygen order: \_\_\_\_\_
- Bi-level PAP titration. *(Patient has chronic lung or heart disease, or is intolerant to regular CPAP)*  
Bi-level PAP order: \_\_\_\_\_

## FOLLOW-UP:

- Consultation with Doctor in sleep center after sleep study is completed.
- Follow-up will be completed by direct referring physician at their office.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

M.D.

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