



GOODNITE SLEEP SOLUTION, LLC.

1902 Orange Tree Lane, Suite #160
Redlands, CA 92374
Tel: 909-335-0335 Fax#909-335-0337
info@goodnitesleepsolution.com

Referral Form

PATIENT INFORMATION:

Patient Name: Order Date:
Identifier/Record: Ordering Physician:
Home Phone #: Work Phone #:
Insurance:
Authorization# Study Date:
Arrival Time: 8:00pm 9:00pm Scanned Date:
Rescheduled Scanned Date:

Internal use only: (date and initials)
No Show:
Reschedule Date:
Info Sheet to Pt. Date Scored:
Confirmation call day of study: Scoring Tech:
Reports visit/call Date: Recording Tech:
Diagnosis for Test Below: Obstructive Sleep Apnea G47.33; Hypersomnia NOS G47.10; Hypersomnia due to medical condition G47.14; Idiopathic Hypersomnia w/long sleep time G47.11; Idiopathic Hypersomnia without long sleep time G47.12; Narcolepsy w/cataplexy 347.00 (G47.411); Narcolepsy w/o Cataplexy 347.01 (G47-419); Insomnia NOS 780.52 (G47.00); Obesity Hypoventilation syndrome E66.2; Sleep related non-obstructive Alveolar Hypoventilation G47.34; REM sleep behavior disorder 327.42(G47.52)

SLEEP CENTER TESTING PROTOCOL-ORDER: (please check, fill in or circle where appropriate)

- Diagnostic Polysomnogram (Comprehensive sleep study / "PSG") (CPT 95810)
Split Night Polysomnogram (Comprehensive sleep study + CPAP titration or other therapy) (CPT 95811)
REM Preferred 2 AM Split
CPAP Titration Polysomnogram (Full night of CPAP at a fixed or titrated level) (CPT 95811)
MSLT (Multiple Sleep Latency Test following overnight PSG) (CPT 95805)
MWT (Maintenance of Wakefulness Test following overnight PSG) (CPT 95805)
Limited Polysomnogram (Cardio-respiratory recording w/o EEG)

- IN-HOME SLEEP TEST (CPT 95806) Overnight sleep test-pick up and return from our office

Ordering Options:

- Lights out preferred: AM/PM; Lights on preferred AM/PM
Oxygen via: nasal cannula at L/min: Entrained into CPAP/Bilevel mask at L/min;
Via mask (plain; venturi) at FIO2 or L/min.
Do not use supplemental oxygen unless additional order.
Hypnotic needed: (Rx to patient or patient to bring meds to lab)
Do not take O Patient to take all medications

Relevant Medications:

Problems: Diabetes Mellitus: Y/ N : Atrial Fib (or PAF) Y/ N : Pacemaker Y/N

SPECIAL INSTRUCTIONS: (please add specific changes to protocol or montage here)

Signature: Date: