



1611 N BELTLINE RD, STE C  
MESQUITE, TX 75149

3900 AMERICAN DR. STE 203  
PLANO, TX 75075

3142 HORIZON RD #205  
ROCKWALL, TX 75032

Phone: (972) 288-3471 Fax: (866) 469-5629

**PATIENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Group # ID# \_\_\_\_\_  
Person Insured: \_\_\_\_\_  
Insured SSN: \_\_\_\_\_  
Insured DOB: \_\_\_\_\_

**CLINICAL OBSERVATION**

- Heavy Snoring Witness
- Apneas Snore Arousals
- Daytime Drowsiness
- Morning Headaches
- Loss of Energy / Fatigue
- Restless Sleep
- Short Temper / Irritability
- Trouble Concentrating
- Forgetfulness
- Frequent Napping Anxiety /
- Depression High Blood
- Pressure Enlarged Tongue
- Obesity
- Crowded Hypopharynx Enlarged
- Neck Circumference Turbinate
- Hypertrophy
- Septal Deviation
- Retrognathia

**Diagnosed with obstructive sleep apnea:**    *mild*    *moderate*    *severe*    **AHI:**    REM:    Supine:    **Date:**

**STUDY ORDERED (POLYSOMNOGRAPHY)**

- Evaluate and Perform Sleep Studies** (if required)
- Diagnostic PSG
- Titration with **CPAP**
- Titration with **BiPAP**
- Split Night with **CPAP / BiPAP**
- 2 Consecutive Nights
- 2 Night Protocol (1 week apart)
- MSLT- Multiple Sleep Latency Test**
- MWT- Maintenance of Wakefulness Test**
- Titrate with CPAP up to 15 CWP, then initiate BPAP +/- Oxygen protocol if required.**
- SPECIAL NEEDS**

**SPECIAL INSTRUCTIONS**

Notes: \_\_\_\_\_

- OXYGEN                      Liters per Minute: \_\_\_\_\_
- Wheelchair                  Assistance Moving     Yes     No                      Translator     Yes     No
- Medication                  Give:                       Lunesta   2   mg 30 minutes before lights out.

- I authorize Sleep Trends Diagnostic Centers to perform sleep studies on the above patient according to their protocol, including evaluation and treatment and the urgent initiation of CPAP and oxygen, should it be necessary.
- I do not request Sleep Trends to provide sleep follow up, as I will provide the long term care for this patient.

**PHYSICIAN INFORMATION**

Ordering Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Same as above

Address: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Required*