Sleep Therapy & Research Center

ADULT & PEDIATRIC ORDER FORM

Accredited Sleep Disorder Center by the American Academy of Sleep Medicine
Accredited Sleep Disorder Center by Joint Commission

James M.Andry, M.D. Nagwa Lamaie, M.D. Sarah Andry, DO

ACCREDITED MEMBER CENTER

Office: (210) 614-6000
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Patient: _____ D.O.B._____

SS#: _____ Contact Person: _____

Home Phone: _____ Cell Phone_____ Work Phone: _____
EMAIL: _____ Address: _____

_____
REFERAL DATE

_____
SCHEDULED DATE
(FOR STRC OFFICE USE)

_____

PLEASE CHECK LOCATION

☐ **STONEOAK**
19222 STONEHUE SUITE 105

☐ **NORTH WEST**
5290 MEDICAL DR. SUITE B

☐ **SOUTH WEST**
7930 BARLITE BLVD SUITE 300

PLEASE FORWARD:
Required by most insurance companies for Preauthorization

- ***PHYSICIANS NOTES PERTAINING TO SLEEP***
- *PT. DEMOGRAPHICS*
- *H&P*
- *PREVIOUS SLEEP STUDY*
- *LIST OF MEDICATIONS*

THANK YOU FOR THE OPPORTUNITY TO CARE FOR YOUR PATIENTS.

☐ **CONSULTATION WITH/SLEEP SPECIALIST** ☐ **SET UP DME** ☐ **S/U DME BY PRIMARY** ☐ **FOLLOW UP WITH SPECIALIST (AFTER SLEEP STUDY) (1 MONTH & 6 MONTHS)**

Diagnosis/Reason or Indication for Study:

☐ **Apnea /Sleep disturbance unspecified (G47.33)**
- ☐ SNORING
- ☐ MORNING HEADACHES
- ☐ WITNESSED APNEA EVENTS
- ☐ NOCTURIA
- ☐ EXCESSIVE DAYTIME SLEEPINESS
- ☐ GASPING/SNORING

☐ **Insomnia w/Sleep Apnea (G47.01)**
- ☐ DIFFICULTY FALLING ASLEEP
- ☐ DIFFICULTY MAINTAINING SLEEP
- ☐ EARLY MORNING AWAKENING

☐ **Narcolepsy with Cataplexy (G47.411) Without (G47.419)**
- ☐ EXCESSIVE DAYTIME SLEEPINESS W/HALLUCINATIONS
- ☐ SLEEP ONSET OR AWAKE
- ☐ CATAPLEXY (weakness w/emotional events)
- ☐ SLEEP ASSOCIATED PARALYSIS

☐ Other_____

Please check appropriate Study type:

☐ **95810** NPSG (Baseline Night) Dx CODE **(G47.10)**

☐ **95811** Retitration with __CPAP__BIPAP Dx CODE **(G47.33)**

☐ **95811** Split Night Study (diagnostic and treatment if patient meets criteria

☐ **Child Baseline (G47.10) or Split/PAP (G47.33)**

☐ **Extended EEG Monitoring CPT: 95827**
Sleep-Related Seizure Activity **(G47.33)**

☐ **Hypersomnia w/Sleep Apnea (G47.10)**

☐ **Myoclonus/Muscle Spasms (G25.3)**

☐ **Restless Leg Syndrome or Periodic leg/limb movement (G25.81)**
- ☐ CREEPING/CRAWLING SENSATION IN LEGS
- ☐ EXCESSIVE DAYTIME SLEEPINESS
- ☐ ACHY LEGS UPON AWAKENING
- ☐ MESSY BEDCOVERS UPON AWAKENING

☐ **95805** MSLT (multiple sleep latency test)
NPSG followed by MSLT (G47.10)

☐ Maintenance Of Wakefulness Test (MWT)

☐ O2 if needed

☐ **95806** Home Sleep Study **(G47.33)**

* **Does the patient have: ☐ high blood pressure ☐ diabetes ☐ cardiovascular disease(s) ☐ HIV (communicable diseases)**

Allergies: _____

Medications: _____

☐ Does this patient have special needs or require assistance?
(WHEELCHAIR, WALKER, VISION STATUS, INCONTINENCE) ☐**Yes** ☐**No** **Weight and BMI.** _____

Additional Comments or Instructions: _____

_____
PHYSICIAN SIGNATURE **UPIN#** **FAX NUMBER**

_____
PRINT PHYSICIAN NAME **ADDRESS/CITY/STATE/ZIP**