



# 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

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ACCREDITED  
MEMBER CENTER

Patient: \_\_\_\_\_ D.O.B. \_\_\_\_\_

SS#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Office: (210) 614-6000  
Fax: (210) 614-7728

### REFERRAL DATE

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

SCHEDULED DATE  
(FOR STRC OFFICE USE)

### Diagnosis/Reason or Indication for Study:

- Apnea /Sleep disturbance unspecified (G47.33)**  
 SNORING     NOCTURIA  
 MORNING HEADACHES     EXCESSIVE DAYTIME SLEEPINESS  
 WITNESSED APNEA EVENTS     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     SLEEP ONSET OR AWAKE  
W/HALLUCINATIONS     CATAPLEXY  
 SLEEP ASSOCIATED PARALYSIS    (weakness w/emotional events)
- Other \_\_\_\_\_
- 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)**  
 CREEPIN 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)  
 02 if needed  
 **95806 Home Sleep Study (G47.33)**

### PLEASE CHECK LOCATION

- STONEOAK**  
1922 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**
- **PREVIOliS SLEEP STUDY**
- **LIST OF MEDICATION**

### 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)

**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: \_\_\_\_\_

**THANK YOU FOR THE  
OPPORTUNITY TO CARE FOR  
YOUR PATIENTS.**

PHYSICIAN SIGNATURE \_\_\_\_\_ UPIN# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PRINT PHYSICIAN NAME \_\_\_\_\_ ADDRESS CITY/STATE/ZIP \_\_\_\_\_