

LOMA LINDA UNIVERSITY MEDICAL CENTER SLEEP DISORDERS CENTER

11360 Mountain View Avenue
Hartford Building, Suite D
Loma Linda, CA 92354

Phone: (909) 558-9999 Fax: (909) 558-6343

Accredited by the American Academy of Sleep Medicine Since 1991

ORDER FORM

Patient Demographics (Required)

Patient Name: _____ Male Female DOB: ____/____/____
Phone (h) : _____ Phone (c): _____

Patient History (Required)

Recent progress note attached No * Yes *A recent progress note **MUST** be attached to proceed with scheduling your patient for sleep testing.
Prior Polysomnogram * *Please attach previous report

Reason for Polysomnogram (Required)

Sleep Apnea Parasomnia Narcolepsy

Testing Ordered: Check all that apply (Required)

-ADULT-

-PEDIATRIC-

Standard (Split-Night) PSG (95810)/ (95811) Positive airway pressure (PAP) therapy and oxygen initiated per protocol
 PAP Titration PSG (95811) Oxygen initiated per protocol
 Multiple Sleep Latency Test (95805) PSG required the night before, per protocol
 Maintenance of Wakefulness Test (95805)
 Portable Unattended Home Sleep Study (95806)/(95800)
 Special Instructions: _____

Baseline PSG (95810) Does not include PAP therapy. Oxygen initiated per protocol
 PAP Titration PSG (95811) Oxygen initiated per protocol
 Baseline PSG < 6 years of age (95782) Oxygen initiated per protocol
 PAP Titration < 6 years of age (95783) Oxygen initiated per protocol
 Special Instructions: _____

Physician Information (All Fields Required)

Ordering Physician: _____ Physician Phone: _____ Physician Fax: _____
Ordering Physician **Signature:** _____ Date: ____/____/____

AN ORDER FORM AND PAYOR AUTHORIZATION (IF APPLICABLE) IS REQUIRED BEFORE A STUDY CAN BE SCHEDULED

PLEASE FAX COMPLETED **ORDER FORM** AND **AUTHORIZATION** TO (909) 558-6343
FOR WORKERS COMP REFERRALS, PLEASE FAX OR EMAIL THIS ORDER FORM TO:

909-651-5484 / workcompcenter@llu.edu