Trinity Health

Sleep Centers

5301 East Huron Dr.
Ann Arbor, MI 48106
Phone: (734) 712-4651
Fax: (734) 712-2967

620 Byron Rd.
Howell, MI 48843
Phone: (517) 545-6690
Fax: (517) 545-6692

Sleep Study Requisition

Patient Name (print): _____ Date of Birth: _____

Address: _____

Patient Phone: _____ Physical Exam: *Height*: _____ *Weight*: _____ *Neck Circumference*: _____inches

Insurance Provider: _____

Ordering Physician (print): _____ Office Phone: _____ Date Ordered: _____

Indications/Symptoms (check all that apply)

- ☐ Snoring
- ☐ Witnessed Apneas During Sleep
- ☐ Gasp/Choke Awakenings
- ☐ Insomnia
- ☐ Fatigue
- ☐ Restless Sleep
- ☐ Daytime Sleepiness

Comorbidities (check all that apply)

- ☐ Ischemic Heart Disease
- ☐ CHF
- ☐ Hypertension
- ☐ Diabetes
- ☐ Other (specify):
- ☐ Impaired Cognition
- ☐ Atrial Fibrillation
- ☐ History of Stroke
- ☐ Mood Disorder

Management of Patient's Care

Ordering Provider to Manage (Continuing PAP Rx) Care

- ☐ NPSG Only (Baseline/Diagnostic/Surgical Evaluation)
- ☐ NPSG with subsequent CPAP (if indicated)
- ☐ CPAP/Bi-level Titration – for patients already diagnosed with sleep apnea. Records from a NPSG must be available.
- ☐ PAP with MSLT – for patients on PAP, still drowsy
- ☐ Split Night ☐ Inspire Titration
- ☐ Home Sleep Apnea Test with subsequent in-lab CPAP
- ☐ PAP Nap – for patients struggling with treatment or mask issues
- ☐ NPSG with MSLT (for possible Narcolepsy) – MSLT portion will be canceled if sleep apnea is found during NPSG
- ☐ Maintenance of Wakefulness Test (MWT)

By selecting one of the above options, the Ordering Provider will continue to manage their patient's care and sign the prescription for a DME to dispense PAP equipment and supplies. This form, along with office notes and current H & P, can be faxed to their lab of choice:

- ☐ Trinity Health Ann Arbor: Fax # (734) 712-2967
- ☐ Trinity Health Livingston: Fax # (517) 545-6692

PCCS Sleep Specialist

☐ Please schedule an office consultation with a Pulmonary and Critical Care and Sleep Consultants (PCCS) sleep specialist for evaluation and management of care prior to any studies.

The outcome of this consultation will determine the type of study needed.

If the Ordering Provider selects this option, then there is no need to select any option on the left. This form, along with office notes, can be faxed directly to their lab of choice:

- ☐ Trinity Health Ann Arbor: Fax # (734) 712-2967
- ☐ Trinity Health Livingston: Fax # (517) 545-6692

☐ **I authorize this patient to use his/her own home medication as prescribed on the H&P, if needed, during their sleep study**.

Ordering Provider's Signature: _____ Date: _____ Time: _____

Sleep Physician's Approval Signature: _____ Date: _____ Time: _____