

SLEEP DISORDERS CENTER FLORIDA

Accredited by the American Academy of Sleep Medicine

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ORDERS FOR SLEEP STUDY

PATIE	ENTS NAME	DATE OF BIRTH	H PHONE NUMBER	
REASON FOR TEST:				
	Excessive Daytime Sleepiness		Hypertension	
	Insomnia		Cardiac Disease	
	Snoring		Other	
ORDE	ERING PHYSICIAN - Sign	ORDI	ERING PHYSICIAN - Print	
PLEASE CHECK ALL THAT APPLY:				
	Schedule diagnostic sleep study and therapeutic study if necessary			
	Have Sleep Specialist follow up with patient after all necessary sleep studies			
	Have patient follow up with Ordering Physician after all necessary sleep studies			
	Schedule consultation with Sleep Specialist prior to sleep study			
	Schedule a diagnostic sleep study only			
OTHER INSTRUCTIONS:				
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PLEASE INCLUDE IN YOUR FAX: office progress notes or H&P, current medications, patient demographics, health insurance and previous sleep study information.