

# The FLORIDA CENTERS of SLEEP MEDICINE

To Schedule a patient, fax or email this completed form along with face sheet and Insurance card to:  
904-215-7557 or call 904-215-7556 / EMAIL: [referrals@floridasleep.org](mailto:referrals@floridasleep.org)

**PATIENT INFORMATION PLEASE ATTACH FACE SHEET and Insurance with FAX**

**Patient's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Sex:**  Male  Female  
**INS:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PRACTITIONER INFORMATION**

**Practitioner Name:** \_\_\_\_\_ **Name of Practice:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax (to send patient results):** \_\_\_\_\_ **Email:** \_\_\_\_\_

Based on the patient medical history and clinical physical examination, I believe this patient is clinically indicative for and that it is medically necessary to perform an immediate Sleep Study. I order the following test from The Florida Centers of Sleep Medicine:

**Test Ordered:**  95810 - PSG (Split if indicated)  95811 - CPAP Titration  Split Night  Bi-Level Titration  Adapt SV  
 95806 / 95800 - Home Sleep Test or Sleep Study Unattended  95805 - Multiple Sleep Latency (MSLT)

**Instructions:**  Interpretation Only  Interpretation & Follow Up

**Reading Sleep Physician:**  Dr. Daniel Thielemann M.D.  Raymond Pumarejo, M.D.

**Practitioner Signature:** \_\_\_\_\_ **Date of Order:** \_\_\_\_\_

**CLINICAL ASSESSMENT**

**Diagnostic Code is Required (check all that apply)**

- Hypersomnia (Excessive Sleepiness) (G47.10)
- Unspecified Sleep Apnea (G47.30) Witnessed
- Apnea / Nec (R06.81)
- Obstructive Sleep Apnea (G47.33)
- Narcolepsy (G47.419) \* Requires Sleep Consult
- Insomnia (G47.00) \* Requires Sleep Consult
- Snoring (R06.83) \* Requires Sleep Consult
- A.M. Headaches
- Nocturnal Hypoxemia
- Non Restorative Sleep

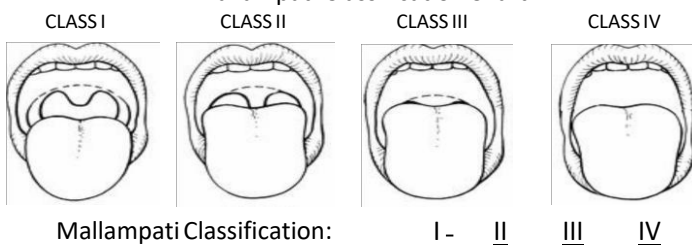
**Co-morbid Conditions: (check all that apply)**

- Pulmonary Hypertension
- Cerebro-Vascular Disease
- Congestive Heart Failure
- Coronary Artery Disease
- COPD / Chronic Lung Disease
- Cardiac Arrhythmia
- Neuromuscular Weakness
- Seizures
- Neurodegenerative Disorder
- Obesity Hypoventilation Syndrome

**REQUIRED DOCUMENTATION:**

- Attach Patient Demographics / Insurance
- Attach Recent H & P
- Attach Sleep History
- Attach Focused Cardiopulmonary Examination
- BMI: \_\_\_\_\_
- Neck Circumference: \_\_\_\_\_
- Epworth Sleepiness Scale (ESS): \_\_\_\_\_ / 24

**Mallampati Classification Chart**



**EPWORTH SLEEPINESS SCALE (ESS)**

**0 = never doze    1 = slight chance of dozing    2 = moderate chance of dozing    3 = high chance of dozing**

- SCORE    CHANCE OF DOZING
- \_\_\_\_\_ Sitting and reading
  - \_\_\_\_\_ Sitting, inactive in a public place
  - \_\_\_\_\_ Lying down in the afternoon when circumstances permit
  - \_\_\_\_\_ In a car, while stopped for a few minutes in traffic

- SCORE    CHANCE OF DOZING
- \_\_\_\_\_ Watching TV
  - \_\_\_\_\_ As a passenger in a car for an hour
  - \_\_\_\_\_ Sitting and talking to someone
  - \_\_\_\_\_ Sitting quietly after a lunch without alcohol

**EPWORTH SLEEPINESS SCALE (ESS) SCORE**