

# Request Form

Fax this completed form along with patient history to (614) 259-6771



## Patient Information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/ Work # (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Policy Holder \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary/Supplemental \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Policy Holder \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## Referring Physician Information:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Signature of Ordering Physician \_\_\_\_\_ Date \_\_\_\_\_

## Primary Care Physician

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Evaluated for:

- (327.23) Obstructive sleep apnea – snoring, gasping for air, excessive daytime sleepiness, witnessed to stop breathing
- (327.51) Periodic limb movement disorder
- (347.01) Narcolepsy with cataplexy
- (347.00) Narcolepsy without cataplexy
- (307.46) Somnambulism or night terrors/sleep arousal disorder
- Other: \_\_\_\_\_

## Physician Order:

- Consult and associated sleep studies     Home Sleep Test     Standard Sleep Study \*\*Must Provide Supporting Clinical Documentation\*\*
- Supplemental O2 -- Initiate at \_\_\_\_\_ L/Min Titrating up to \_\_\_\_\_ L/Min Target SaO2 \_\_\_\_\_
- This is a Special Needs Patient (SPECIAL NEEDS PATIENTS MUST BE ACCOMPANIED BY A CAREGIVER)
- Script for Ambien given by physician to patient

## Interpreting Physician:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Susan Borchers, MD | <input type="checkbox"/> Maureen Delphia, MD | <input type="checkbox"/> Kiran Devulapally, MD | <input type="checkbox"/> John Eickholt, MD |
| <input type="checkbox"/> James Fulop, MD    | <input type="checkbox"/> Richard Ko, DO      | <input type="checkbox"/> Thomas Rojewski, MD   | <input type="checkbox"/> Leroy Essig, MD   |

## Location for Consult and Associated Sleep Studies:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Bethel<br>974 Bethel Road, Suite C<br>Columbus, OH 43214          | <input type="checkbox"/> Dublin<br>7450 Hospital Drive, Suite 270<br>Dublin, OH 43017                 | <input type="checkbox"/> Grove City<br>2041 Stringtown Road<br>Grove City, OH 43123                                     | <input type="checkbox"/> Upper Arlington<br>1810 MacKenzie Drive<br>Columbus, OH 43220           |
| <input type="checkbox"/> Delaware<br>801 OhioHealth Blvd, Suite 4250<br>Delaware, OH 43015 | <input type="checkbox"/> Flint Road<br>7811 Flint Road, Suite B<br>Columbus, OH 43235                 | <input type="checkbox"/> Pickerington<br>151 Clint Drive, Suite 100<br>Pickerington, OH 43147                           | <input type="checkbox"/> Westerville<br>300 Polaris Parkway, Suite 2450<br>Westerville, OH 43081 |
|  | <input type="checkbox"/> Grant Medical Center<br>285 East State Street<br>Wilkens Building, Suite 425 | <input type="checkbox"/> Riverside Methodist Hospital<br>3545 Olentangy River Road<br>North Medical Building, Suite 200 | <input type="checkbox"/> Worthington<br>7600 Olentangy River Road<br>Columbus, OH 43235          |