SLEEP CENTER
Orange County

4980 Barranca Pkwy, Ste. 170, Irvine, CA 92604
Woodbridge Square Medical

W. Elon Fleming, M.D.
Board Certified in Sleep Medicine
Board Certified in Neurology
Member, American Academy of Sleep Medicine

949.679.5510 tel **949.679.1080 fax**

Sleep Center Order Form

Patient Name:_____ DOB:_____

Phone (H)_____ (W) _____ (Cell)_____

Ordering Provider Name: _____Phone _____Fax_____

Ordering Provider Section (please CHECK):

Urgency:
- ❑ Next Available
- ❑ Urgent

Signs/Symptoms:
- ❑ Witnessed apnea
- ❑ Loud snoring
- ❑ Daytime sleepiness
- ❑ Pulm HTN / COPD
- ❑ High B/P
- ❑ Restless sleeper
- ❑ Obesity
- ❑ Morning headaches
- ❑ Frequent awakenings
- ❑ CHF
- ❑ Other (specify) _____

Diagnosis for test:
- ❑ 780.09 Somnolence
- ❑ 780.57 Sleep apnea unspec
- ❑ 347 Narcolepsy
- ❑ 780.59 Other sleep disturbance
- ❑ 780.51 Insomnia w/ apnea
- ❑ Other (specify) _____

Service requested:
- ❑ Diagnostic sleep study (nocturnal polysomnogram – NPSG) followed by a CPAP titration on a second night, if positive for sleep apnea
- ❑ Sleep clinic consultation (Specialist evaluation, testing, and treatment as needed)
- ❑ CPAP/BiPAP study (continuous or bi-level positive airway pressure titration)
- ❑ Split-Night Sleep Study (NPSG + CPAP/BiPAP on same night PRN)
- ❑ Other sleep study (specify)_____

Signature of Ordering Provider: X_____ Date_____

If a sleep clinic consultation is not requested, then the sleep study results will be faxed to you in order to notify the patient and ensure follow-up.

❑ Check if supplemental oxygen should not be used from 1-3 L/min PRN, during sleep study

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Please fax the following information to the Sleep Center:

- ❑ This form completed and signed
- ❑ Patients H & P (HPI, PMHx, Meds, Allergies, etc…)
- ❑ Patient's insurance and demographic information

Fax: 949-679-1080

**Please notify us if patient is physically disabled.*