

**Sleep Consultation Order (239) 437-6670**

**Please fax this form and the following information to (239) 303-4093:**

Patient Demographics/Face Sheet • Copy of Insurance Cards • H&P/Last Office Visit Note

**Patient Name:** \_\_\_\_\_

**Phone (Cell):** \_\_\_\_\_ **Phone (Home):** \_\_\_\_\_

**Medical History:**  HTN  CAD  CVA  CHF  DM  Atrial Fibrillation

Other \_\_\_\_\_

**Indications for Testing (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Loud Snoring                  | <input type="checkbox"/> Unusual Movement in Sleep      |
| <input type="checkbox"/> Excessive Daytime Sleepiness  | <input type="checkbox"/> Crawling Aching Legs           |
| <input type="checkbox"/> Breathing Pauses in Sleep     | <input type="checkbox"/> Hypnagogic Hallucinations      |
| <input type="checkbox"/> Gasping or Choking Awakenings | <input type="checkbox"/> Sudden Loss of Muscle Strength |
| <input type="checkbox"/> Obstructive Sleep Apnea       | <input type="checkbox"/> Sleep Paralysis                |
| <input type="checkbox"/> Weight Gain/Loss              | <input type="checkbox"/> Post Uvulopathopharyngoplasty  |
| <input type="checkbox"/> Morning Headaches/Dry Mouth   |   |

**Consult Sleep Specialist (Dr. Imtiaz Ahmad or designee) for comprehensive sleep evaluation**

**Optional**

Sleep Study Protocol:

- Sleep Apnea Night 1&2
- Narcolepsy Night 1 MSLT
- Wakefulness Eval MWT
- Home Sleep Test (HST)

Sleep Specific Studies:

- Night 1 - Polysomnogram
- Night 2 - Polysomnogram w/CPAP
- Split Night Polysomnogram
- MSLT (Multiple Sleep Latency Test)
- MWT (Maintenance of Wakefulness Test)

**Referring Physician Name:** \_\_\_\_\_

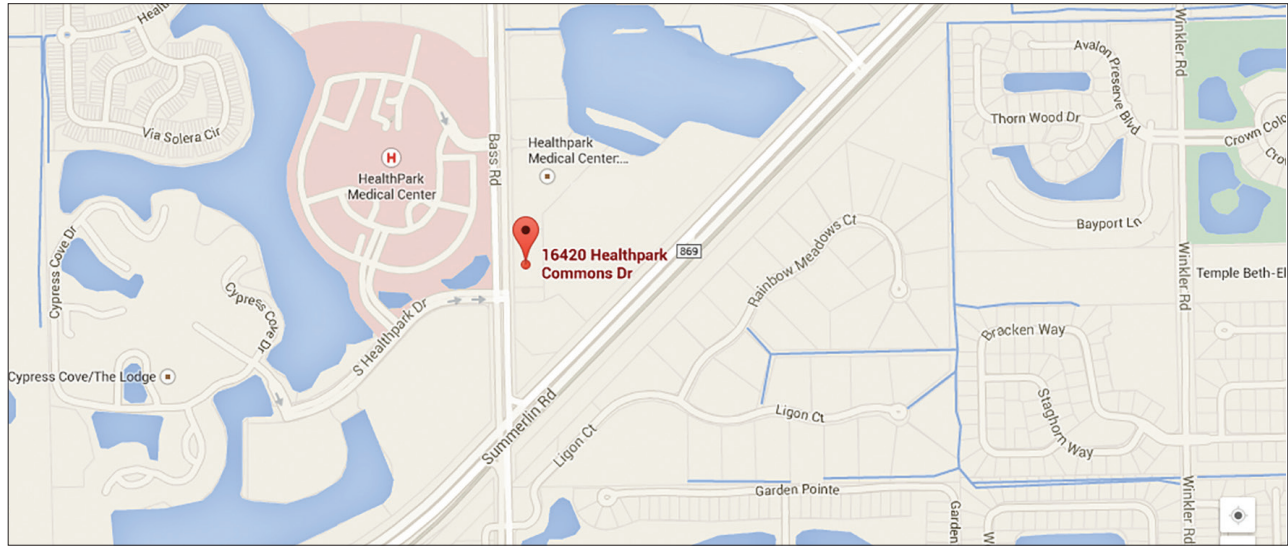
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Referring Physician Signature** \_\_\_\_\_

## Our Locations

### Fort Myers



16420 HealthPark Commons Drive, Suite 100, Fort Myers, FL 33908

### Lehigh Acres



260 Beth Stacey Boulevard, Suite 220, Lehigh Acres, FL 33936

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Fort Myers, FL 33908

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