Imtiaz Ahmad, MD, MPH, FCCP | Medical Director

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)

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

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:** ________________

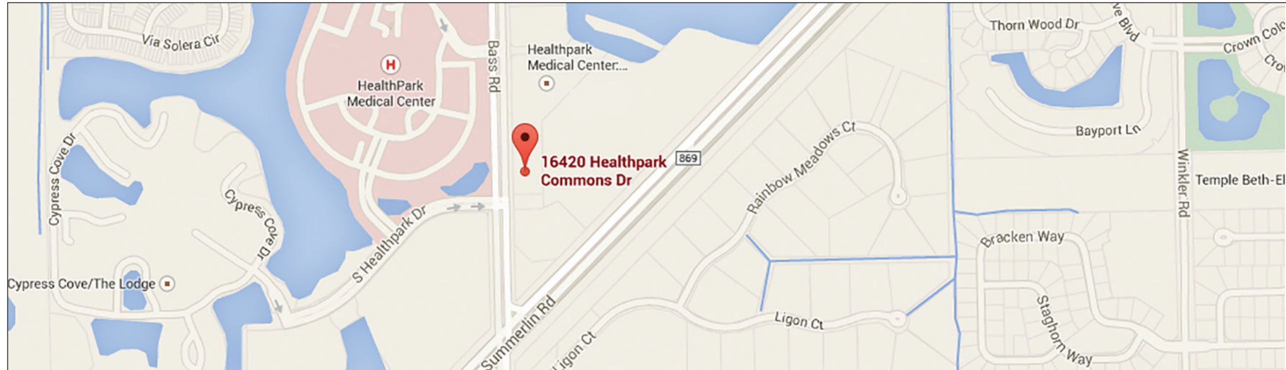
Referring Physician Signature ______________________________

SOMNAS
Sleep well, live well

Imtiaz Ahmad, MD, MPH, FCCP | Medical Director

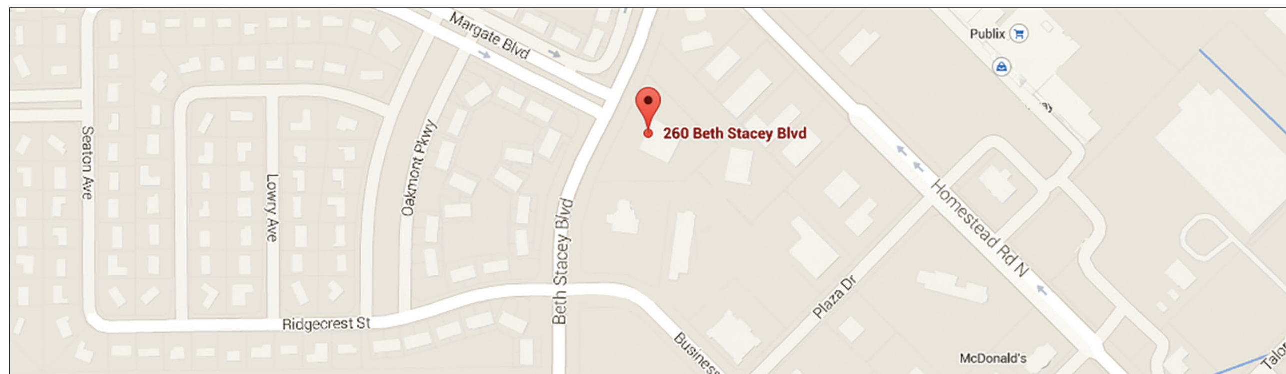
Our Locations

Fort Myers



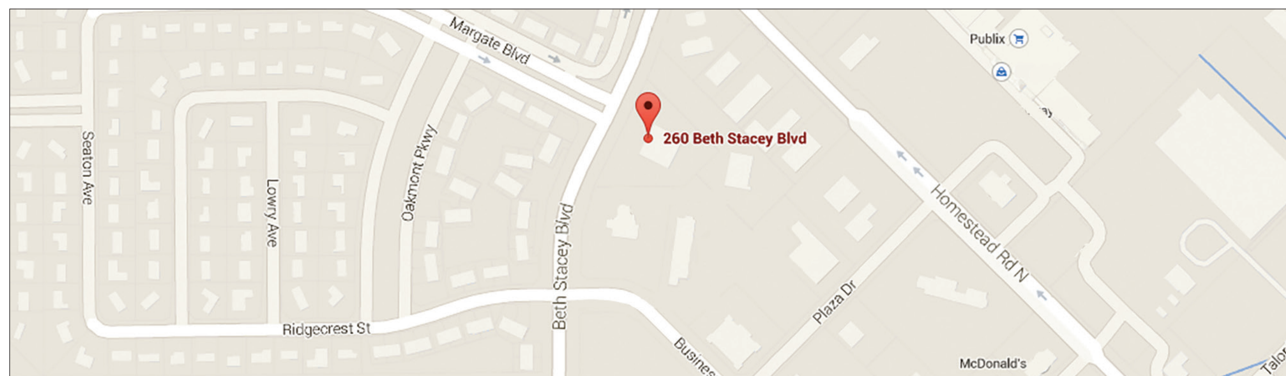
16420 HealthPark Commons Drive, Suite 100, Fort Myers, FL 33908

Lehigh Acres



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

Cape Coral



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