



South Shore Sleep Diagnostics

Telephone: 508-759-7222 Fax: 508-759-0995



1 County Road Bourne, Ma 02532 55 Obery Street Plymouth, Ma 02360 104 Park Street Hyannis, Ma 02601 544 Main Street Weymouth, Ma 02190

This Constitutes a Physician Order

Patient Information

Name: _____ DOB: _____

Address: _____

Home phone: _____ Cell phone: _____

Insurance: _____ Policy number: _____

Services Requested

- Nocturnal Polysomnography (NPSG)/CPAP titration if indicated
- Split Study (Sleep study and PAP titration if patient meets criteria)
- CPAP Titration BIPAP Titration (please provide original PSG _____)
- Nocturnal Polysomnography with Seizure Monitoring
- Multiple Sleep Latency Test for Narcolepsy (MSLT) Home Sleep Test (HST)
- Maintenance of Wakefulness Test (MWT) Other _____

Patient's special needs: (Please check all that apply)

- Hospital bed Oxygen at home Language Interpreter Non-ambulatory
- CPAP/BIPAP at home _____

Special Instructions: _____

Diagnosis/Medical History

Please check all that apply:

- Excessive Daytime Sleepiness Snoring Cataplexy
- Witnessed sleep-disordered breathing Sleep onset insomnia
- Abnormal leg movements during sleep Restless legs
- Abnormal sleep-associated phenomena (i.e. sleepwalking etc.)

Please describe: _____

Medical History:

- Hypertension Obesity (BMI > 28) Atrial Fibrillation Stroke
- CHF COPD Seizures Hypothyroid
- Diabetes mellitus Neuromuscular disease Hypercholesterolemia
- History of coronary disease

Other: _____

Referral Information

Referring Physician (please print) _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____