

Regional Health Diagnostics, Inc.
Physician Order for Sleep Study

Christopher M. Nolte, MD
 Board Certified Neurologist
 Board Certified in Adult and Pediatric Sleep Medicine

Timothy Upchurch, MD
 Board Certified Neurologist
 Board Certified in Vascular Neurology

Patient Name: _____ Date of Birth: ____/____/____

Phone: _____ Diagnosis: _____ Referring: _____

Height	Weight	BMI	ESS	Neck

Primary Insurance: _____

Secondary Insurance: _____

Evaluation For:

Sleep Testing to Be Performed:

SLEEPINESS		<input type="checkbox"/> HST (95806 or G0399) <input type="checkbox"/> WatchPAT (G0400)
SNORING		PSG <input type="checkbox"/> WITH ETCO2(95810) / child under age 6(95782)
WITNESSED APNEA		SPLIT night when AHI > _____ (95810/95811)
NOCTURNAL EVENTS		CPAP TIT start at _____ <input type="checkbox"/> consider BiPAP, ASV, O2 if criteria met (95811)
NARCOLEPSY		BiPAP TIT start at EPAP _____ / IPAP _____ / Rate _____ (95811)
DOT/CDL		ASV TIT start at EPAP _____ / IPAP min _____ / max _____ Rate _____
SEIZURES		Ambulatory EEG with video _____ 24hr _____ 48hr _____ 72hr
HEADACHES	EEG Routine _____ 24hr LTM _____ 48hr LMT _____ 72hr LTM _____	

Special Instructions for Sleep and Neurology Consultations:

_____ Please schedule New Patient Consult with Dr. Nolte prior to PSG (sleep only)

_____ Please schedule NP Telemedicine Neurology consult with Dr. Upchurch (Johnson City location ONLY)

_____ Consult not needed, just schedule PSG

Signature: _____ **Date:** _____