

DuPage Medical Group

INSTITUTE OF SLEEP MEDICINE

1801 S. HIGHLAND, LOMBARD, IL. 60148
808 RICKERT DR., NAPERVILLE, IL 60540

FAX# 630-261-6902

SCHEDULING 630-873-8888 OR 630-364-7400 PROMPT#2



SLEEP STUDY ORDER FORM

PLEASE COMPLETE ALL OF SECTIONS 1-6. To expedite your request, please include a recent progress note that addresses the patient's sleep issue with your faxed order 630-261-6902. If you have any concerns or special requests, please contact us at 630-873-8888 Prompt 2.

Section 1- Patient Information

Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

SPECIAL NEEDS: _____

Section 2- Test Requested

_____ Overnight Sleep Study _____ MSLT - Multiple Sleep Latency Test (requires evaluation by a sleep physician)

_____ CPAP or BiLevel Titration _____ MWT - Maintenance of Wakefulness Test (requires evaluation by a sleep physician)

Sleep Staff Only

_____ Retitration CPAP BiLevel Retitration

_____ Oral Appliance Baseline Titration

Physician Comments: _____

ENT STAFF ONLY

Non-Surgical Candidate

Return to ENT after baseline study

Section 3 – Indication

_____ Hypersomnia (excessive daytime sleepiness) 327.10

_____ Sleep Arousal Disorder 307.46

_____ Obstructive Sleep Apnea 327.23

_____ Parasomnia 327.40

_____ Periodic Limb Movement Disorder 327.51

_____ Narcolepsy 347.00

_____ REM Behavior Disorder 327.32

_____ Other: _____

Section 4 – Level of Referral

_____ Comprehensive sleep evaluation (includes sleep study result notification, sleep physician consultation and CPAP management)

_____ Sleep study only (results provided only to the referring physician, further management decisions per the referring physician)

Section 5 – Sleep Specialist Preference _____ First available

_____ Dr. Flores _____ Dr. Korcek _____ Dr. Nemivant _____ Dr. Porcelli _____ Dr. Villanueva _____ Dr. Yu

Section 6 – Referring Physician Information

Name: _____ Address: _____

Phone #: _____ Fax: _____ Date of request: _____

Office use only: Sleep Study scheduled for: _____ Approved by: _____