



Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_\_\_ Gender:  Male  Female Height: \_\_\_\_\_ Weight \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Diagnosis/Chief complaint: \_\_\_\_\_  
 (\*required for testing\*)

**Please fax patient demographics, insurance, & clinical notes or H&P to (512) 697-3715.**  
 (\*required for testing\*)

**\*In order to expedite scheduling, please make sure all information is filled out and faxed. \***

**Please Indicate Your Sleep Study Orders Below**

- Split night PSG** - at least two hours diagnostic, then if AASM scoring criteria met, pap titration will follow
- Initial PSG only** - observation and monitoring for diagnostic purposes (NO PAP)
- Titration PSG only** - must have previous OSA DX (PAP titration only)
- Two night PSG** - one night of diagnostic testing followed by a second night of PAP titration; second night must be approved by board certified medical director before being re-scheduled
- Bilevel pap titration** - previous OSA DX and patient has failed PAP titration
- Bilevel auto SV titration** - must meet specific criteria; must be approved by the board certified medical director before test is scheduled
- MSLT** (Multiple Sleep Latency Test) – daytime test for narcolepsy DX; must have previous night negative PSG
- MWT** (Maintenance of Wakefulness Testing ) - daytime test to measure the ability to stay awake under soporific conditions for a defined period of time
- Other:** \_\_\_\_\_.

\* All patients will be tested on room air, unless supplemental oxygen is ordered or testing dictates. \*  
**Supplemental Oxygen is necessary during testing at \_\_\_\_\_ LPM**

**Please Indicate Your Preference For Interpretation Of Sleep Study Results Below**

- Prescribe your own PAP therapy with 90 day follow-up from your clinic or office based on the board certified physicians interpretation.
- Patient will be seen by a board certified sleep specialist who will prescribe the PAP therapy and perform the required follow up.
- Request a specific board certified sleep specialist who is authorized to read for Westlake Sleep Center.

Physicians Name: \_\_\_\_\_

\*\* In order to maintain compliance with accreditation requirements, only board certified sleep specialists and physicians with specialized sleep interpretation training who have met AASM requirements and have been approved by the medical director are eligible to read studies for Westlake Sleep Center. All reading physicians are approved and overseen by our board certified sleep specialist designated as the "Gold Standard". To maintain scoring eligibility a scoring comparison will be done each month on 200 epochs picked at random by the lab. These standards ensure your patient receives the highest quality care \*\*

\_\_\_\_\_  
 Signature of ordering physician or nurse

\_\_\_\_\_  
 Phone#

\_\_\_\_\_  
 Fax#

\_\_\_\_\_  
 Printed Name Of Ordering Physician

\_\_\_\_\_  
 Office Email

\*Please include fax or email for scheduling confirmation.\*

Address: **Westlake Sleep Center at 5656 Bee Caves Rd Suite K103, Austin TX, 78746**

Lab: 512-697-3740 . **Scheduling Phone : (512)-697-3712 . Scheduling Fax: (512)-697-3715 . Managers Phone: 512-697-3580**