Saint Alphonsus
SLEEP DISORDERS CENTERS

Outpatient Order Form

Boise
Phone: 208-367-2008
Fax: 208-367-6053

Nampa
Phone: 208-205-0380
Fax: 208-205-0389

Meridian
Phone: 208-367-2008
Fax: 208-367-6053

Ontario
Phone: 541-881-7477
Fax: 541-881-7486

Patient Name	DOB	Patient Phone
Provider Name	ICD-10 Code(s)/Diagnosis	
Provider Signature		
Date		

1) Please send relevant Clinical Notes and Demographics*

- ☐ **SLEEP CONSULT – Sleep MD to order testing if indicated** — **Complete Section #3**
- ☐ **SLEEP STUDY + SLEEP CONSULT – Sleep Study and Consult will be scheduled** — **Complete Sections #2,3 & 4**
- ☐ **SLEEP STUDY ONLY - Referring Provider to provide follow up** — **Complete Sections #2,3 & 4**
- ☐ **PEDIATRIC < 17 YEARS – CONSULT WILL BE SCHEDULED** — **Complete Sections #3**

2) Testing

- ☐ Diagnostic PSG
- ☐ Diagnostic PSG & CPAP Titration if AHI > 5
- ☐ Split PSG (per Sleep Center Criteria) AHI > 15
- ☐ CPAP Titration
- ☐ BiLevel Titration
- ☐ ASV
- ☐ AVAPS
- ☐ Mandibular Advancement Device Titration
- ☐ MSLT
- ☐ MWT
- ☐ Actigraphy (Boise only)
- ☐ Daytime PSG (Shift Workers)

3) Indication(s)

- ☐ Obstructive Sleep Apnea
- ☐ Central Sleep Apnea
- ☐ Excessive Daytime Sleepiness (EDS)
- ☐ Coronary Artery Disease
- ☐ Heart Failure/Arrhythmias
- ☐ HTN (Poorly Controlled)
- ☐ Neuromuscular Disease
- ☐ Reevaluation of CPAP/BiLevel
- ☐ Central Hypoventilation
- ☐ Limb Movement Disorder
- ☐ Narcolepsy
- ☐ Parasomnia
- ☐ Nocturnal Seizures
- ☐ Other_____
- ☐ Insomnia (CONSULT ONLY)
- ☐ Stroke

4) Special Needs or Instructions

- ☐ Supplemental oxygen _____L/min
- ☐ Family Member to accompany
- ☐ Needs interpreter
- ☐ Carbon Dioxide Monitoring
- ☐ Assistance in/out of bed
- ☐ Fall Risk
- ☐ Adjustable bed
- ☐ Seizure Montage
- ☐ Incontinence
- ☐ Other:_____

BO-2146