

**Please Fax Back ASAP to: 317-351-2795**

**Sleep Medicine Order Set**  
**Accredited by the American Academy of Sleep Medicine**

**Sleep/Wake Disorders Center**  
1500 N. Ritter Avenue  
Indianapolis, IN 46219  
(317) 355-4275

**Sleep/Wake Disorders Center**  
1402 E. County Line Road S.  
Indianapolis, IN 46227  
(317) 887-7079

**Sleep/Wake Disorders Center**  
7250 Clearvista Drive #350  
Indianapolis, IN 46256  
(317) 621-5959

**Sleep/Wake Disorders Center**  
11911 N. Meridian #140  
Carmel, IN 46032  
(317) 621-6777

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Alternate# \_\_\_\_\_ Cell# \_\_\_\_\_

Referring Physician/DO/NP: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Test Date(s): \_\_\_\_\_

**DIAGNOSIS with TEST REQUEST**

- Sleep Apnea with Hypersomnolence . . . . .  PSG    MSLT (optional)
- Hypersomnolence / Continuous Agonizing Drowsiness . . . . .  PSG/MSLT
- Snoring / Sleep Apnea . . . . .  PSG Only or  Split Study
- Narcolepsy . . . . .  PSG/MSLT
- Insomnia . . . . .  PSG Only
- Insomnia with Sleep Apnea . . . . .  PSG
- Sleep Apnea / OSA . . . . .  PSG with  CPAP Adjustment    BIPAP Adjustment
- Abnormal Behavior during Sleep: (specify) \_\_\_\_\_ . .  PSG with Extended EEG Montage
- Other: \_\_\_\_\_ . . .  PSG or  MWT or  MSLT

Physician/NP Signature: \_\_\_\_\_ Physician/DO/NP   Date \_\_\_\_\_

**FOR SLEEP CENTER USE ONLY**

Physician's Approval \_\_\_\_\_ Mailing Completed \_\_\_\_\_

Room# \_\_\_\_\_ Recorder# \_\_\_\_\_ Test# \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Tech's Initials \_\_\_\_\_

Home Resp. Care Co. \_\_\_\_\_

Date Faxed: \_\_\_\_\_ Contact: \_\_\_\_\_

