Better Sleep Labs

Sleep Study / Consultation Order Form

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Medical Director
Specializing in Sleep Disorders

We will contact the patient. Please fax this form along with the following information to 419-471-9778

- ❑ Patient Demographics/ Face Sheet
- ❑ Copy of Insurance Cards
- ❑ Current Medication List
- ❑ Current Relevant Findings

Toledo Campus
4428 Secor Rd.
Suite A
Toledo, OH 43623
Phone: 419-471-9757
Fax: 419-471-9778

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11600 St. Rt. 424
Napoleon, OH 43545

Contact Information
Toll Free: 888-357-5337
Phone: 419-471-9757
Fax: 419-471-9778

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Other Phone:** _____

Current Medical Diagnosis: _____
(For example: any cardiac issues, diabetes, hypertension...)

Allergies: _____

Insurance Carrier: _____

Indications for Testing (Check all that apply)

- ❑ Loud Snoring
- ❑ Excessive Daytime Sleepiness
- ❑ Breathing pauses in sleep
- ❑ Gasping or choking awakenings
- ❑ Obstructive Sleep Apnea
- ❑ Weight gain/ loss
- ❑ Morning headaches/ dry mouth
- ❑ Unusual movements in sleep
- ❑ Crawling aching legs
- ❑ Hypnagogic hallucinations
- ❑ Sudden loss of muscle strength
- ❑ Sleep paralysis
- ❑ Post Uvulopalatopharyngoplasty
- ❑ Falling asleep at inappropriate times

Select a Protocol Specific Study if Preferred

Sleep Study Protocols:

- ❑ Sleep Apnea: Night 1 and Night 2
- ❑ Narcolepsy: Night 1 and MSLT
- ❑ Wakefulness Evaluation: MWT

Clinic Consultations with Sleep Specialists:

- ❑ Sleep Specialist

Specific Sleep Studies:

- ❑ Night 1 - 16 Channel Polysomnogram
- ❑ Night 2 - Polysomnogram with CPAP Titration
- ❑ Split Night Polysomnogram
- ❑ MSLT (Multiple Sleep Latency Test)
- ❑ MWT (Maintenance of Wakefulness Test)

Referring Physician: Name: _____
Address: _____
_____
Phone: _____ Fax: _____

Referring Physician: (Signature) _____ **Date:** _____

Comments: _____

Medical Director: (Signature) _____ **Date:** _____

Comments: _____

Owned & Operated by Secor Sleep Diagnostic Center, LLC

❖ *Sleep Apnea* ❖ *Narcolepsy* ❖ *Restless Legs Syndrome* ❖ *Insomnia* ❖ *Night Terrors* ❖
❖ *REM Sleep Behavior Disorder* ❖ *Periodic Limb Movement Disorder* ❖