



# Sleep Study Order Form

**Naem A. Lughmani, M.D.,**  
FAASM, DABSM  
Medical Director  
Specializing in Sleep Disorders

**Please fax this form along with the following information to 419-471-9778**

- Patient Demographics/ Face Sheet
- Copy of Insurance Cards
- Current Medication List
- History & Physical

### Corporate Office

1811 N. Reynolds Rd.  
Suite 204  
Toledo, OH 43615  
Phone: 419-531-2112  
Toll Free: 888-357-5337  
Fax: 419-531-2126

### Central Scheduling

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

### Lab Locations

**Toledo Campus**  
4428 Secor Rd., Suite A  
Toledo, OH 43623

### Napoleon Campus

11600 St. Rt. 424  
Napoleon, OH 43545

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Current Medical Diagnosis:** \_\_\_\_\_

(For example: any cardiac issues, diabetes, hypertension...)

**Allergies:** \_\_\_\_\_

**Indications for Testing (Check all that apply)**

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

### Choose a Protocol or Specific Study

#### Sleep Study Protocols:

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

#### 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 ❖