SLEEP STUDY REQUISITION FORM

PATIENT NAME:

MGH UNIT NUMBER:

REFERRING PHYSICIAN:

TYPE OF STUDY REQUESTED (please check one):

[ ] ALL-NIGHT SLEEP STUDY WITH OPTION FOR CPAP ("split-night" study)
This is the most common type of test, ordered for most patients with sleep disorders. It is a routine sleep study, looking for a broad range of sleep disorders, with the added advantage that if obstructive sleep apnea is present and severe, then a trial of CPAP will occur mid way through the night.

[ ] ALL-NIGHT SLEEP STUDY WITHOUT CPAP

[ ] ALL-NIGHT SLEEP STUDY WITH CPAP TREATMENT ("titration study")
This study is ordered when a person already carries a diagnosis of sleep apnea and you want to then test what pressure of CPAP is needed, or want to see the adequacy of the current CPAP being used.

[ ] ALL-NIGHT SLEEP STUDY WITH FULL EEG
This test is often used when evaluating nocturnal seizures, parasomnias, or more complex neurologic cases. Generally, a neurologist should be consulted before ordering this test.

[ ] MSLT ("nap study")
This test is used in conjunction with an all night sleep study to assess for narcolepsy, or idiopathic hypersomnia. In keeping with the guidelines of the American Academy of Sleep Medicine, an all night sleep study will be conducted the night before an MSLT when ordering this test.

[ ] OTHER (Describe)__________________________________________________________

QUESTION TO BE ANSWERED (signs, symptoms, diagnosis, etc.)

Physician Signature_______________________ Phone Number_______________________
Physician name (Printed)___________________ Fax Number________________________