

Tanner Center for Sleep Disorders

Carrollton Sleep Center: 100 Professional Place, Suite 307 770.812.9146

Villa Rica Sleep Center: 705 Dallas Hwy, Suite 201-C 770.456.3546

Tanner East Alabama Sleep Center: 1032 S Main Street 770.812.9146

Scheduling: 770.812.9721 Fax: 770-812.9856

(Fax clinical note or H&P along with completed order)

Patient Name: _____ DOB: _____

For Precertification purposes order MUST include the following: Neck Size _____ HT _____ Wt _____

Significant Need (example: caregiver, O2, bedside, commode, etc.) _____

Check all that apply:	Diagnosis: (Check all that apply)
<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate for OSA/known OS (G47.33) <input type="checkbox"/> Soft tissue abnormalities/upper airway <input type="checkbox"/> Excessive Sleepiness (G47.19) <input type="checkbox"/> CPAP intolerance <input type="checkbox"/> Recurrence of symptoms on CPAP/Bilevel <input type="checkbox"/> Evaluate effectiveness of oral appliance <input type="checkbox"/> Evaluate effectiveness of OSA surgery <input type="checkbox"/> History of Stroke or CAD <input type="checkbox"/> Periodic Limb Movements/RLS <input type="checkbox"/> Chronic Opiate use (F11.90) <input type="checkbox"/> Suspected Obesity Hypoventilation <input type="checkbox"/> Neuromuscular Disorder <input type="checkbox"/> Excessive movements.talking during sleep (G47.50) <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> other (specify) _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Obstructive Sleep Apnea (G47.33) <input type="checkbox"/> Primary Central Sleep Apnea (G47.31) <input type="checkbox"/> Organic Hypersomnia unspecified (G47.10) <input type="checkbox"/> Narcolepsy without cataplexy (G47.419) <input type="checkbox"/> Narcolepsy with cataplexy (G47.411) <input type="checkbox"/> Periodic Limb Movement Disorder (G47.61) <input type="checkbox"/> Chronic Respiratory Failure (J96.10) <input type="checkbox"/> Morbid Obesity (E66.01) <input type="checkbox"/> Obesity Hypoventilation Syndrome (E66.2) <input type="checkbox"/> Congestive Heart Failure (I50.22) <input type="checkbox"/> Snore (R06.83) <input type="checkbox"/> Hypertension (I10) <input type="checkbox"/> Fatigue (R53.82) <input type="checkbox"/> Insomnia (G47.00) <input type="checkbox"/> other (specify) _____ ICD10 _____ <input type="checkbox"/> other (specify) _____ ICD10 _____
Testing to be performed: (check all that apply)	
<ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic Sleep Study (95810) <ul style="list-style-type: none"> * If insurance denies in lab study, OK to convert to Home Test Y or N? Physician initials _____ <input type="checkbox"/> CPAP Titration (95811) <input type="checkbox"/> Maintenance of Wakefulness Test (95805) <input type="checkbox"/> Home Sleep Testing (95806) <ul style="list-style-type: none"> *Patients may not qualify due to certain medical diagnoses, OK to convert to in lab if needed Y or N? Physician initials _____ 	

Ordering Physician: _____ Provider Signature: _____ Date/Time: _____

Medical Director Signature of Approval: _____ Date/Time: _____

Interpreting Physician requested: Dr. Jeffrey Reid (Villa Rica/Carrollton/Wedowee) Medical Director
 Dr. Lindsey Roenigk (Villa Rica/Carrollton)
 Dr. Michael Miles (Villa Rica)

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04/01/2021

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