

**Children's Healthcare of Atlanta  
Sleep Disorders Laboratory Order Form**

**Please print clearly**

Child's name: \_\_\_\_\_ Sex:  M  F Child's DOB: \_\_\_\_\_

Children's MRN (if known): \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred language: English  Spanish  Other: \_\_\_\_\_

Ordering physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary care physician (if not the ordering physician): \_\_\_\_\_

Source:  Office  TDPC  Craniofacial  MDA  Sickle cell  Other: \_\_\_\_\_

Previous study:  No  Yes If Yes:  Children's Healthcare of Atlanta  Other: \_\_\_\_\_

Reason for study: \_\_\_\_\_

List signs/symptoms, do not use "rule out," "probable," "suspected," etc.

**ICD-10 Code** (sleep related; required) Check all that apply:  R06.83 (snoring)  G47.33 (obstructive sleep apnea)

G47.36 (hypoxemia)  other(s) \_\_\_\_\_

Other medical problems:  Down Syndrome  ADHD  Autism  Sickle cell  Tracheostomy  Obesity

Insurance company: \_\_\_\_\_ Group/ID #: \_\_\_\_\_

**Pre-certification/authorization number:** \_\_\_\_\_

If pre-certification is required by insurance, please obtain and fax the authorization to us no later than one week before the test date.

**Evaluation Requested:** (for explanation, visit [choa.org/sleep](http://choa.org/sleep) or call us)

**Nocturnal Polysomnogram** (CPT code 95810 if > 6 yrs or 95782 if < 6 yrs of age)

This is a complete overnight study that includes sleep staging and respiratory parameters

Check here if you would like us to order O2 (if needed) and provide consultation/follow up

Cardiology patients: Provide the child's baseline/expected SpO2 \_\_\_\_\_

**CPAP or Bi-level PAP titration** (CPT code 95811 if > 6 yrs or 95783 if < 6 yrs of age)

CPAP/BPAP titration order form required; a sleep medicine or pulmonology consult is recommended

**Multiple Sleep Latency Test (MSLT)** (CPT code 95805)

Nap study for narcolepsy; must also order the Nocturnal Polysomnogram above

A sleep medicine consult is required before an MSLT unless previously evaluated by a neurologist

**Special study requests and/or special needs of the child:** \_\_\_\_\_

**We will schedule the study at the Children's Sleep Laboratory that is best for the family and the parameters requested:**

Egleston hospital Sleep Center    Satellite Boulevard Sleep Center    Scottish Rite hospital Sleep Center

**Interpreting group for this study** (each of our sleep specialists can interpret studies performed at any location):

Children's Physician Group (Scottish Rite-based providers: Drs. Gary Montgomery, Sophia Kim)

Children's Physician Group (Egleston-based providers: Drs. Raj Dedhia, Romy Hoque, Roberta Leu, Daniel Torrez)

**The ordering physician must choose the interpreting group and send clinical notes before we can schedule the study.**

**Ordering physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name clearly:** \_\_\_\_\_

**Fax this form and history/clinical notes to 404-785-2211**

**Questions: Call Central Scheduling at 404-785-2974**