

## Steps in Completing/Processing a Sleep Order Form

Complete Order Form to Include:

1. **Patient Demographics**
2. **CPT Code / Study Type**
3. **ICD 10 / Diagnosis Code**
4. Symptoms
5. Comorbidities / Medical Conditions
6. Physician Signature
7. Attach **History & Physical/Clinical Notes** with physician signature – hand written or an electronic secured signature
8. Check boxes near top of form if requesting a **Pre-Study Consultation** and/or **Post Study – Consultation** for Follow-up Care by a Sleep Physician - Board Certified in Sleep Medicine (Pre-Study Consultation –used by the referring physician who does not order the actual sleep study rather they are referring the patient to be seen by a Sleep Physician - Board Certified in Sleep Medicine prior to a sleep study. The sleep physician will order the appropriate sleep study after meeting and assessing the patient. Post Study Consultation is used by the referring physician that is comfortable ordering the appropriate sleep test and prefers the sleep physician to provide follow-up care after the study is complete.
9. Fax order form to: 215-453-8105

**Please note:** missing information will delay the process in scheduling a patient's sleep study.