Located in Peninsula Hospital
1501 Trousdale Dr. #6420 Burlingame, CA 94010
P • 650.636.9396 F • 650.696.2417

Sleep Study Order Form

Patient Name:________________________________ Referring Physician: _______________________________

Reason for study: ____

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Significant history or symptoms: ____

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Requested service: ☐ **Sleep medicine consultation.**

☐ **Sleep study only: (no consultation needed)**
(Interpretation and recommendations included)

- ☐ *Diagnostic sleep study.*
- ☐ *Sleep study to determine the optimum CPAP/BiLevel pressures.*
- ☐ *Split night (Half diagnostic, half CPAP titration.)*
- ☐ *Home sleep apnea testing*

☐ **Other:** ____

Special instructions if any: ____

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- Ambien 6.25-12.5 mg, One dose, PO, PRN difficulty falling asleep within 30-60 minute in the sleep lab.

Ambien has improved the quality of the sleep study and reduced the costs associated with poor quality due to the first night effect. (Journal of Clinical Sleep Medicine, No 1, V2, 2005, P129, Lettieri.)

Please check this box if you do not wish this patient to take Ambien at the sleep center ☐.

Ordering Physician's Signature: ____ Date: ___________________

*****Please fax this form and below information to (650) 696-2417*****

[ ] Current clinical notes
[ ] Prior sleep study report if any
[ ] Patient demographics and copy of insurance card.

Thank you for your referral

Revised 10/01/07