



CHILDREN'S MEDICAL CENTER

1935 Medical District Drive • Dallas, Texas 75235
 7601 Preston Road • Plano, Texas 75024
Dallas (214) 456-7000 Legacy (469) 303-7000

PATIENT NAME: _____

DOB: _____ MRN: _____

PHYO
CMC52544-001NS Rev. 05/2009

**Sleep Disorders Center
Request for Sleep Study /
Clinic Visit**

Sleep Disorders Center - Office number : 214-456-2793 Fax number: 214-456-5885

Parent / Guardian / Caregiver contact number: _____ Language: English Spanish Other

Requested location: CMC Dallas lab CMC Legacy lab In-patient Dallas / Legacy

Appointment Type:

Clinic consultation / visit

Polysomnogram - sleep study

Initial diagnostic study

Repeat study - findings on previous study AHI ____ /h Hypoxemia Hypercapnia

**** WE WILL NOT PROCESS REFERRAL WITHOUT
MEDICAL RECORDS****

Purpose of Sleep Study :

Evaluate for sleep apnea

Evaluate for nocturnal hypoxemia

Assess post T & A

Assess for decannulation

Determine CPAP/BiPAP settings

Evaluate for ventilatory support

Re-titrate CPAP bi-level / Compliance follow up

Evaluate for narcolepsy

Patient History and Exam Findings:

Snoring

Mouth breathing

Gasps for air / apneic pauses

Tonsil / Adenoid 1+ 2+ 3+ 4+

S/P adeno-tonsillectomy

Tracheostomy

Seizure disorder

Obesity

Other: _____

Chronic conditions: _____

Difficulty falling asleep

Difficulty awakening

Insomnia

Poor school performance

Hyperactivity (ADHD)

Excessive day-time sleepiness

Neuromuscular weakness

Special Needs:

Wheelchair access

Bed lift

Translation

Transport

Referring physician signature: _____ Date / Time: _____

Print name: _____

For Internal Use Only:

Initial diagnostic study - no split

Polysomnogram - split night per protocol

Per instruction - device CPAP Bi-level

For AHI > ____ /h SpO₂ < ____ %, CO₂ > ____ mmHg

Polysomnogram for decannulation

Polysomnogram with CPAP/BiPAP titration

Polysomnogram with MSLT

Clinic consultation

Syed K Naqvi, M.D.

Tanya Martinez-Fernandez, M.D.

John Herman, Ph.D.

****ORDER MUST BE SIGNED****

****PLEASE INCLUDE CLINICALS WITH REFERRAL****

Practice name: _____

Office telephone number: _____

Office fax number: _____

Today's date: _____

Sleep Office Information:

Sleep specialist signature: _____

Printed name: _____ Date / Time: _____

Key: CMC= Children's Medical Center; T&A= tonsillectomy and adenoidectomy; ADHD= attention deficit hyperactivity disorder; CPAP= continuous positive airway pressure; AHI= apnea-plus-hypopnea index; BiPAP= bi-level positive airway pressure; CO₂= carbon dioxide; SpO₂= pulse oximetry; S/P= status post; += plus; %= percent; mmHg= millimeters of mercury; h= hour; >= less than; <= greater than; MSLT= multiple sleep latency test