Symptoms:	Diagnosis
❑ snoring ❑ witnessed apneas	❑ Hypersomnia, unspecified
❑ fatigue ❑ insomnia ❑ other:	❑ Obstructive sleep apnea (adult or pediatric)
❑ excessive daytime sleepiness	❑ Primary central sleep apnea
❑ unusual behavior during sleep	❑ Cheyne-Stokes breathing
	❑ Hypersomnia with Sleep Apnea, unspecified
LATEX ALLERGY: ❑ Yes ❑ No	❑ Narcolepsy with cataplexy
❑ Seizures (last occurrence)	❑ Narcolepsy without cataplexy
❑ Cardiac Issues:	❑ Sleep related movement disorder, unspecified
❑ Psychiatric History:	❑ Other:
❑ Other Medical Issues:	

Caregiver required/instruction:

Transport: ❑ Bed ❑ Cart ❑ Chair ❑ Ambulatory

O2 supplementation:

Sleep Lab Procedure	**Clinic location:** ❑ MMP ❑ Stoneridge ❑ UHE ❑ Ro
❑ Polysomnogram (Diagnostic)	Date:
❑ Multiple Sleep Latency Test (always preceded by overnight Polysomnogram)	Date:
❑ Maintenance of Wakefulness Test	Date:
❑ CPAP titration (previous setting if re-titration: cm water)	Date:
❑ Bi-level PAP titration Previous setting if re-titration:	Date:

❑ Bi-level auto-SV titration:

❑ Portable Unattended Study ❑ Inpatient (room:) ❑ Outpatient

Special Instructions:

❑ If diagnostic polysomnogram reveals obstructive sleep apnea,
schedule consultation at Sleep Clinics (direct referrals only)

Ordering Physician or Clinic:	Direct Referral: ❑ Yes ❑ No If yes, ordering physician signature required.	
Ordering Physician Signature:	Print Name:	Date/Time:
Sleep Specialist Signature:	Print Name:	Date/Time:

OD0016

THE OHIO STATE UNIVERSITY MEDICAL CENTER

Patient Name:

Medical Record Number:

Date of Birth:

POLYSOMNOGRAPHY REQUEST

MC201776 (1/09)

PHYSICIAN'S ORDERS