

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER
CONTRA COSTA HEALTH CENTERS

**UNATTENDED SLEEP STUDY
& AUTO-TITRATION * REQUEST**

CARDIOPULMONARY DEPARTMENT
MARTINEZ CAMPUS

DATE OF REQUEST	PRIMARY CARE SITE:	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> BP <input type="checkbox"/> NR	FOR CARDIOPULMONARY DEPARTMENT USE ONLY	
ORDERED BY (PRINT NAME AND SIGN)			DATE OF APPOINTMENT	TIME OF APPOINTMENT
PHONE	PAGER		<input type="checkbox"/> REPORT TO INTERPRETER _____ <input type="checkbox"/> CHART CHECK TO M.D. _____ <input type="checkbox"/> FAX FOR AUTO TITRATION _____ <input type="checkbox"/> AUTO TITRATION REPORT TO INTERPRETER _____ <input type="checkbox"/> CHART CHECK RECOMMENDATION TO M.D. _____ <input type="checkbox"/> ORIGINALS TO MEDICAL RECORDS _____	
PRIMARY CARE PROVIDER (if not the same as the ordering provider)				
INTERPRETER NEEDED? LANGUAGE:				
STAT	ROUTINE			

INSTRUCTIONS:

- 1) Complete all sections of requisition. 2) FAX request to 925-370-5379. 3) Call or have patient call 925-370-5260 to make an appointment. 4) Give patient attached instruction sheet.

MEDICAL NECESSITY/CLINICAL SIGNS, SYMPTOMS AND PRIOR STUDY

- ☒ **Home/Unattended Sleep Study** - To rule out obstructive sleep apnea. Patient must return sleep study device by the next morning.

- ☒ *Patients with a moderate to severe sleep study will be enrolled in an auto-titration CPAP trial unless initialed below:

☐ Do not enroll in auto-titration CPAP trial. _____ (Initials)

- ☒ CC results to: _____

Reading Physician notes:

<input type="checkbox"/> NEGATIVE	DICTATED ON _____	DICTATION # _____
<input type="checkbox"/> POSITIVE - MILD	DICTATED ON _____	
<input type="checkbox"/> POSITIVE - MODERATE TO SEVERE	DICTATED ON _____	
AUTO TITRATION REPORT DICTATED ON _____		

☒ Chart check to PCP/ordering M.D. Signature _____ Date _____

