LAKELAND
SLEEP CENTER

☐ **Plymouth** - 10600 Old County Rd 15, Plymouth, MN 55441	**Tel: 763-512-1551 / Fax: 763-512-1560**
☐ **St. Cloud** - 622 Roosevelt Rd, Suite 140, St. Cloud, MN 56301	**Tel: 320-253-9999 / Fax: 320-253-9998**
☐ **Burnsville** - 675 E Nicollet Blvd, Ste 100, Burnsville, MN 55337	**Tel: 952-562-3771 / Fax: xxx-xxx-xxxx**
☐ **Blaine** - 11855 Ulysses St NE, Suite 200, Blaine, MN 55434	**Tel: 763-576-9068 / Fax: 763-576-1660**
☐ **St. Paul** - 1010 Bandana Blvd W, Suite 236, St. Paul, MN 55108	**Tel: 651-641-7100 / Fax: 651-646-8069**
☐ **Baxter** - 13495 Elder Dr, Ste 120, Baxter, MN 56425	**Tel: 218-454-0225 / Fax: 218-454-0214**

SLEEP STUDY REFERRAL

(TO BE COMPLETED BY NURSE OR REFERRAL DESK)

PLEASE BE SURE TO FILL IN ALL BLANKS AND RETURN THIS COMPLETED FORM WITH DICTATION FROM PATIENT'S MOST RECENT HISTORY AND PHYSICAL

DATE_____

PATIENT NAME *(Last, First, MI)*:_____

DATE OF BIRTH: _____ SEX: MALE or FEMALE (circle one)

PHONE NUMBER (H): (_____)-_____-_____ (A): (_____)-_____-_____

INSURANCE CO. _____

REFERRING CLINIC NAME_____

PHONE NUMBER: (_____)-_____-_____ FAX NUMBER: (_____)-_____-_____

PRELIMINARY DX: _____

PATIENT REFERRED FOR: ☐ CONSULTATION WITH SLEEP SPECIALIST

☐ SLEEP STUDY

(PLEASE FILL OUT BELOW AND FAX H&P IF REFERRED FOR SLEEP STUDY)

SLEEP STUDY ORDER

(TO BE COMPLETED BY ORDERING PHYSICIAN)

TEST FOR:

- ☐ SLEEP APNEA
- ☐ NARCOLEPSY
- ☐ RBD
- ☐ SEIZURES
- ☐ PLMS/ RLS
- ☐ PARASOMNIA
- ☐ OTHER _____

TEST TO INCLUDE:

- ☐ CPAP/ BIPAP TITRATION
- ☐ MSLT/ MWT
- ☐ 4 LIMBS MONTAGE
- ☐ SEIZURE MONTAGE
- ☐ OXYGEN TITRATION
- ☐ OTHER _____

SPECIAL ORDERS: _____

_____

ORDERING PHYSICIAN (*please print*): _____

SIGNATURE _____