Cleveland Clinic

Neurological Institute
Sleep Disorders Center
Fairhill – FA20

How to order a sleep study:

1. Requisition completed. **Faxed to 216-445-6205** with supporting documentation:
   i. Recent H&P (clinical note)
   ii. List of current medications
   iii. Previous sleep study if applicable

   See example below of requisition:

Cleveland Clinic

SLEEP REQUISITION

FAX COMPLETED FORM TO 216-445-6205

Please include a copy of the patient's most recent history and physical / clinical note with a list of current medications. If you have any questions, please call 216-444-2165.

Please provide a demographic sheet containing insurance information

Please complete all fields and include a recent copy of your clinical notes as well as a current list of medications. Fax completed form to 216-445-6205. Any questions, please call 216-444-2165.

's Date: _____

Patient First Name: _____

Referring Physician: _____

Office Phone: _____ **Fax** _____

Referring Physician Signature: _____

Please answer the following questions:

1. **Does the patient have special behavioral, physical or medical needs?** □ **Yes** □ **No**
   *If the patient is **under** 18 years of age, a parent or guardian MUST accompany the patient for the duration of the test(s).*
2. **Can the patient fall asleep *before* midnight?** □ **Yes** □ **No**
3. **Is the patient on oxygen?** □ **Yes** □ **No**
4. **Is this patient a shift worker?** □ **Yes** □ **No**

2. Fax reviewed and order placed for study in Epic.
3. Patient contacted by Fairhill personnel to schedule sleep study

You may find additional copies of the sleep requisition on our website at www.clevelandclinic.org/sleep

Our main phone number is **216-444-2165**. Our main fax number is **216-445-6205**.