



Documentation required (please fax with this form to 586-207-1264):

- Completed referral form
- Patient demographics
- Proof of insurance
- Epworth Sleepiness Scale
- Progress note with sleep history and physical exam

Date Faxed:	_____
Pages:	_____

Ahmad Ghabsha, M.D.
Board Certified Sleep Medicine

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Board Certified Sleep Medicine

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Patient Information

Name: _____
 DOB: _____ Gender: M F
 Phone: _____

Insurance Information

Primary Plan: _____
 Secondary Plan: _____

Requested Service

- Consultation with Sleep Specialist
 - Before Sleep Study
 - After Sleep Study
 - After Sleep Study only if positive
- Polysomnogram (PSG) only
- Polysomnogram (PSG) and schedule for CPAP titration if apnea hypopnea index ≥ 15 /hour
- Polysomnogram (PSG) with Multiple Sleep Latency Test (MSLT)
- CPAP Titration Study
- Home Sleep Study (*office notes required*)
- Other, specify _____

**If patient's insurance requires a prior authorization or office notes from referring physician are not adequate, a consultation will be scheduled with one of our sleep specialists.*

Clinical History and Indications

Relevant Medical History (check all that apply)

- Excessive Daytime Sleepiness (EDS)
- Snoring
- Witnessed apneic episodes
- Gasping/Choking
- Hypertension
- Congestive Heart Failure (CHF)
- COPD or emphysema
- Prior Sleep Study
 - Result: _____
- Family history of sleep disorders

Suspected Disorder

- Obstructive Sleep Apnea (G47.33)
- Narcolepsy (G47.419)
- Insomnia (G47.00)
- Periodic Leg Movement Disorder (G47.61)
- Other _____

Physical Exam

BMI: _____ ESS: _____ Neck Size: _____

Referring Physician

Print Name: _____ Phone: _____
 Fax: _____
 Signature: _____ Date: _____

To Be Completed by Washington Sleep Center

Test Date: _____ Test Time: _____ Registration Packet: Special Needs: _____

For Providers

Please fax a completed referral form with patient demographics and proof of insurance, completed ESS, and progress note with clinical history and physical exam to 586-207-1264.

If you have any questions regarding scheduling or insurances, please do not hesitate to contact us at **586-207-1247**.

Medicare patients

Medicare requires that the patient has a face-to-face evaluation by the treating physician. This evaluation must include sleep history and symptoms including presence of snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, and/or morning headaches. The physical exam of this encounter must document body mass index, neck circumference, and a focused cardiopulmonary and upper airway system evaluation. An Epworth Sleepiness Scale is highly recommended but not required.

Blue Cross Blue Shield/Blue Care Network patients

Blue Cross Blue Shield and Blue Care Network require that a sleep study request be reviewed by a board-certified sleep medicine physician for medical necessity. Additionally, Blue Care Network requires preauthorization for all sleep study requests. We will need the patient's most recent office visit with documentation regarding sleep symptoms. If the medical director finds that the documentation is inadequate, we will schedule them for a consultation with one of our physicians prior to any sleep study.

For Patients

Please refer to the registration packet for more information regarding your stay at our sleep center. If you have any further questions or concerns, please feel free to call us at **586-207-1247**.

On the day of your sleep study

Please do...

- Take all of your medications as you normally would
- Have dinner prior to coming in for your sleep study
- Bathe or shower, washing hair with shampoo only
- For men, please shave before coming in; men with grown beards need not shave
- For women, remove all make up prior to or shortly after arriving

Please do not...

- Have any alcohol or caffeine after 12:00pm on the day of your sleep study
- Take naps during the day or evening
- Use any cream rinse, hair relaxer, or styling products in your hair
- Use skin lotion or creams
- Bring job-related work

For your sleep study, please bring...

- ID and insurance cards
- Completed registration packet with questionnaire
- Toiletries and sleep wear (loose fitting two piece pajamas preferred)

Sleep Center Location

Rochester Hills

75 Barclay Circle, Suite 220
Rochester Hills, MI 48307

Located on Barclay Circle off of Rochester between Auburn and Hamlin. It is the second building on Barclay Circle just after the Chase Bank immediately on the left after the median ends. The sleep center is on the second floor.

Washington Sleep Center

Phone: 586-207-1247
Fax: 586-207-1264