

**Red River Sleep Center, Inc.**  
Sleep Study Referral Form

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Email: Patient.Services@redriversleep.com  
Web: www.RedRiverSleep.com

Testing Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Suspected Dx: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

**PATIENT EXAM NOTES REQUIRED WITH ALL ORDERS**

**Notes Must Mention Current Sleep Problems**

**Polysomnogram (Attended in Lab)**

- Baseline (Diagnostic Study)
- Split (Baseline & Treatment Trial)
- CPAP Titration (Treatment Trial)
- BiPAP Titration
- Servo-Ventilation Titration
- MSLT (Narcolepsy Test)
- MWT (Alertness Test)
- PVT (Psychomotor Vigilance Test)

**Other Instructions**

- Self-admin own meds stored at BSD
- Oxygen at \_\_\_\_\_ Liters/minute
- Expanded montage - Seizure
- Attendant \_\_\_\_\_  
(minor, handicap, nursing home, other)

**Home Testing (Unattended Testing)**

- Home Sleep Apnea Test
- APAP Titration

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Clinician Signature (or stamp)**

\_\_\_\_\_  
**PRINT ORDERING CLINICIAN NAME**

**Referral Process**

RRSC will provide all sleep testing procedures ordered and have your patient see one our Board Certified Sleep Specialists for follow up care. If your office prefers to manage their sleep disorders and have RRSC provide testing only, please indicate your preference under the special instructions.

TECHNICAL ALERT (see EMR)

Received: \_\_\_\_\_