

SLEEP CENTER REFERRAL FORM

PATIENT INFORMATION	REFERRING PROVIDER
Name: _____	Provider Name: _____
DOB: _____	NPI: _____
Phone: _____	Office Phone: _____
Insurance: _____	Office Fax: _____
Prior-Authorization Obtained by Sleep Center	

☐ Clinic notes with a sleep diagnosis and demographic information including insurance are required to complete this referral.

ORDER FOR SLEEP CONSULTATION AND MANAGEMENT (Recommended)

☐ The sleep specialist will manage testing, treatment, and follow up.

Our Sleep Navigators will review your patient's history and determine appropriate next steps for consultation and sleep testing. We will arrange for appropriate diagnostic and therapeutic procedures. We will also arrange for therapy and follow up on compliance milestones.

Checking this box does not require an order for sleep testing

ORDER FOR SLEEP TESTING (Optional)

☐ **Home Sleep Apnea Test (HSAT)** (Home Testing is recommended for patients with a high likelihood for sleep apnea; please see contraindications for home sleep testing below)

☐ **Diagnostic Polysomnography (No CPAP)**

☐ **Split-night Polysomnography** (Use of American Academy of Sleep Medicine (AASM) criteria recommended)

☐ **Full night CPAP Titration** (Patient must have documented diagnosis of OSA by HSAT or PSG; if no diagnostic study, consider repeat PSG, Split-night or consultation)

Reason for referral (STOP-Bang)

- | | |
|---|--|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> BMI (> 35) |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Age (>50) |
| <input type="checkbox"/> Observed Apnea | <input type="checkbox"/> Neck (>16) |
| <input type="checkbox"/> Pressure (HBP) | <input type="checkbox"/> Gender (Male) |

☐ Other: _____

Special Instructions/Other:

All testing will be conducted on room air and will follow American Association of Sleep Medicine (AASM) and Sleep Center Oxygen/PAP guidelines unless specifically ordered otherwise.

Follow-up management:

☐ Sleep center will manage treatment, equipment, follow up and compliance

☐ I will follow-up and treat, including ordering all necessary equipment, supplies and monitoring of compliance

HOME SLEEP APNEA TEST (CONTRAINDICATIONS) (Mark all that apply)

☐ None

☐ BMI ≥ 50

☐ Cardiovascular disease, CHF, dysrhythmia, or stroke

☐ Central sleep apnea

☐ Cognitive impairment

☐ Significant Insomnia

☐ Narcolepsy (History or suspicion)

☐ Neuromuscular/neurodegenerative disorder

☐ Obesity hypoventilation syndrome

☐ Parasomnia (History or suspicion)

☐ Pulmonary disease

☐ Chronic opioid use

Note: Our sleep labs do not dispense medications. If a **sleep aid** is needed, prescribe prior to study and instruct patient to take to the lab and self-administer.

Provider Signature: _____ Date: _____ Time: _____

No stamp signatures please



INTERMOUNTAIN SLEEP CENTERS CONTACT INFORMATION:

Sleep Center	
Idaho	Cassia Regional Hospital Sleep Center AASM Accredited 1501 Hiland Avenue, Suite E, Burley, ID 83318 Phone: 208-667-6488 FAX: 208-677-6335
Northern Utah	Bear River Valley Hospital Sleep Center AASM Accredited 905 North 1000 West, Tremonton, UT 84337 Phone: 435-207-4500 Logan Regional Hospital Sleep Center AASM Accredited 500 East 1400 North, Logan, UT 84341 Phone: 435-716-5709 FAX: 208-677-6334 McKay-Dee Hospital Sleep Center AASM Accredited 4401 Harrison Blvd, Ogden, UT 84403 Phone: 801-387-2700 FAX: 801-387-2709 Layton Parkway Sleep Center 201 Layton Pkwy #1A, Layton, UT 84041 Phone: 801-543-6925 Fax: 801-387-5640
Salt Lake County	Alta View Hospital Sleep Center AASM Accredited 9660 South 1300 East, Sandy, UT 84094 Phone: 801-314-2400 FAX: 801-314-2385 Avenues Sleep Center AASM Accredited (no testing) 440 D Street, Salt Lake City, UT 84143 Phone: 801-408-3617 FAX: 801-408-1516 IMED Sleep Center AASM Accredited (Inpatient Only) 5121 Cottonwood St, Murray, UT 84107 Phone: 804-507-9582 FAX: 801-507-9598 LDS Hospital Sleep Center AASM Accredited 8th Ave and C St, Salt Lake City, UT 84143 Phone: 801-408-3617 FAX: 801-408-5110 Primary Children's Hospital Sleep Center AASM (no home sleep testing or split studies) 100 Mario Capecchi Dr, Salt Lake City, UT 84113 Phone: 801-662-1780 FAX: 801-662-1785 Riverton Hospital Sleep Center AASM Accredited 3723 W 12600 S Suite 480, Riverton, UT 84065 Phone: 801-285-4870 FAX: 801-412-3160 TOSH Sleep Center AASM Accredited 5770 S 250 E Suite 340, Murray, UT 84107 Phone: 801-314-2400 FAX: 801-314-2385

Sleep Center	
Summit County	Park City Hospital Sleep Center AASM Accredited 750 Round Valley Dr Suite 101A, Park City, UT 84060 Phone: 435-657-4443 FAX: 435-657-4365
Wasatch County	Heber Valley Hospital Sleep Center AASM Accredited (testing only) 1485 S Highway 40, Heber City, UT 84032 Phone: 435-657-4443 FAX: 435-657-4365
Utah County	American Fork Hospital Sleep Center AASM Accredited 170 North 1100 East, American Fork, UT 84003 Phone: 801-855-4598 FAX: 801-442-0432 Utah Valley Hospital Sleep Center AASM Accredited 1055 North 300 West, Suite 501, Provo, UT, 84604 Phone: 801-357-7771 FAX: 801-442-0432
Southern Utah	St. George Regional Hospital Sleep Center AASM 652 S. Medical Dr, Suite 310, St. George, UT 84790 Phone: 435-251-3940 FAX: 435-251-3941
Rural Utah	Sanpete Valley Hospital Sleep Center AASM Accredited 1100 South Medical Drive, Mount Pleasant, UT 84647 Phone: 435-462-4601 FAX: 435-462-4417 Sevier Valley Hospital Sleep Center AASM Accredited 1000 North Main, Richfield, UT 84701 Phone (Scheduling): 801-855-4598 FAX: 435-893-0258 Fillmore Hospital Sleep Center 674 South Hwy 99, Fillmore, UT 84631 Phone: 435-462-4601 FAX: 435-462-4417 Delta Hospital Sleep Center (home sleep testing only) 126 South White Sage Avenue, Delta, UT 84624 Phone: 435-462-4601 FAX: 435-462-4417