Nebraska Heart Institute
HEART HOSPITAL
Lincoln, Nebraska

DRORDER

NAME

NHH Sleep Lab Order Form

Patient Legal Name: _____ **Date of Birth:** _____
Last **First** **MI** **MM** **DD** **YY**

PLEASE PRINT

Signs / symptoms (medical necessity): (Check all that apply)	**Appointment (date/time):** **Arrival Time:**	Initials
☐ Excessive Daytime Sleepiness/Hypersomnolence	☐ Memory Loss	
☐ Snoring	☐ AM Headaches	
☐ Nocturnal Desaturations	☐ Restless Legs	
☐ Choking/Gasping during sleep	☐ Hypoxia	
☐ Restless sleep	☐ Obesity	
☐ Witnessed Apnea	☐ Abnormal Weight Gain	
☐ Disturbed Sleep	☐ Irritable/Nervousness	
☐ Fatigue	☐ Pulmonary Hypertension	
☐ Depression	☐ Chronic Obstructive Pulmonary Disease	
☐ Coronary Artery Disease	☐ Hypertension	
☐ Other: _____		
Tests / therapy requested:		
☐ Sleep Study (polysomnogram) ☐ CPAP Study ☐ MWT with urinalysis ☐ MSLT with urinalysis		
☐ May use oxygen if needed		
Special instructions:	☐ Nothing to eat or drink after midnight ☐ No prep ☐ Other_____	

Signs / symptoms (medical necessity):	**Appointment (date/time):** **Arrival Time:**	Initials
Tests / therapy requested:		
Special instructions:	☐ Nothing to eat or drink after midnight ☐ No prep ☐ Other _____	

BUN & Creatine required within the last 30 days if applicable. ☐ To be drawn at hospital

BUN _____ Date Done _____

Creatine _____ Date Done _____ ☐ Drawn at _____

_____ _____ _____
Physician's Signature **Physician's ID #** **Date: MM DD YY**

Please check one:

☐ BryanLGH Medical Center East/Off-site Locations-Lincoln, NE
Scheduling Center: 402-481-8550 Fax: 402-481-8528

☐ BryanLGH Medical Center West/Off-site Locations-Lincoln, NE
Scheduling Center: 402-481-5121 Fax: 402-481-5177

☐ Saint Elizabeth Regional Medical Center-Lincoln, NE
Care Office: 402-486-7123 Fax: 402-486-8719
Cherry Hill Clinics: 402-486-7454 Fax: 402-486-8007
PT/OT West: 402-475-6656 Fax: 402-475-6685
Wound Center: 402-486-8770 Fax: 402-486-8771

☐ Madonna Rehabilitation Hospital-Lincoln, NE
Main Campus: 402-483-9534 Fax: 402-483-9494

☐ North Clinic: 402-434-5905 Fax: 402-483-5902

☒ Nebraska Heart Hospital-Lincoln, NE
Scheduling Center: 402-328-3050 Fax: 402-328-3261

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Name of person filling out form