Home Sleep Test Patient Guide

Your physician has ordered a Home Sleep Test to evaluate you for a condition called Sleep Apnea, which may cause you to stop breathing while you sleep. VirtuOx is the lab that will be conducting this test. We will be contacting you shortly to schedule your test, arrange for the shipping and return of your sleep testing equipment, and process the test results for your physician.

What is a Home Sleep Test?

A Home Sleep Test is a simple procedure that you will be able to perform independently, in the comfort of your own home. VirtuOx will mail you a sleep testing device and provide you with simple instructions on how to administer the test. Our professional staff is also available by phone 24 hours per day to assist you if needed.

While you sleep, the device will record important parameters, such as your breathing, heart rate and oxygen saturation levels.

Once your test is complete, you will mail the equipment back in our postage paid packaging and our technicians will begin processing the results for your physician.

What is Sleep Apnea?

Sleep apnea is a sleep disorder characterized by pauses in breathing called an apnea, which can last from at least ten seconds to several minutes, and may occur 5 to 30 times or more an hour. Many times individuals with sleep apnea are not even aware that they are having this difficulty breathing during sleep.

The most common symptoms are excessive daytime sleepiness, fatigue, and morning headaches. There are serious consequences if sleep apnea is left untreated, that include high blood pressure, diabetes, heart failure, stroke or even death.

The good news is that there are several treatment options available and most sleep apnea sufferers report that their symptoms are relieved after the very first night!

What's Next?

- VirtuOx will call you to schedule the delivery of your Home Sleep Test device.
- The test kit will arrive at your home in 2 to 3 days via the US Postal Service.
- Take the home sleep test the first night after you receive the device. You will be provided with easy to follow instructions and a toll free number to call us if you need assistance.
- Put the device and accessories in the prepaid shipping package and place in any US Postal Service mailbox for shipping back to VirtuOx the very next day.
- When VirtuOx receives the package, we will process the test results and our Board Certified Sleep Physicians will review and prepare a report to be immediately sent to your physician.
- You and your physician will discuss the results. If you are diagnosed with sleep apnea, your physician will explain treatment options.

HOME SLEEP TEST ORDER FORM

Prescription and Clinical Evaluation

VIRTUOX

Customer Support: 877-337-7111
Fax to: 866-215-7347

1 Patient Information:

NAME	GENDER	DOB (mm/dd/yyy)	SS#
ADDRESS	CITY	STATE	ZIP

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

PREFERRED WRITTEN LANGUAGE	PREFERRED SPOKEN LANGUAGE

2 Physician:

PHYSICIAN NAME	ADDRESS	CITY/STATE/ZIP
PHONE	FAX	NPI
DME NAME	ADDRESS	CITY/STATE/ZIP
PHONE	FAX	NPI

3 Insurance:

☐ Check here if Self-pay

PAYOR NAME	ID #	GROUP #	PHONE
Medicare			
PAYOR NAME 2	ID #	GROUP #	PHONE
Group Health Cooperative of South Central Wisconsin			

4 Sleep History & Physical Exam: (fill in blanks and check all symptoms that apply)

Height: _____ Weight: _____ BMI: _____ Neck Size: _____ Sleep Epworth Score: _____

☐ Sleep Disordered Breathing	☐ Loud Snoring	☐ Depression	☐ Observed Apnea
☐ Oral Appliance Assessment	☐ Non-Restorative Sleep	☐ Gasping/Choking	☐ Dry Mouth
☐ Excessive Daytime Sleepiness	☐ Morning Headaches	☐ Dry Mouth in A.M.	

5 Cardiopulmonary / Upper Airway Exam: (check all that apply)

☐ Nasal Obstruction	☐ Enlarged Tongue	☐ Obesity
☐ Teeth Worn	☐ Crowded Hypopharynx	☐ Hypertension
☐ Maxillomandibular Abnormalities	☐ Crowded Oropharynx	☐ Retrognathia Micrognathia
☐ Over / Under Bite	☐ Enlarged Tonsils	

6 Diagnostic Codes:

☐ 780.57 (G47.30) Sleep Apnea, Unspecified	☐ 799.02 (R09.02) Hypoxemia
☐ 780.53 (G47.30) Hypersomnia with Sleep Apnea, Unspecified	☐ 327.20 (G47.30) Organic Sleep Apnea, Unspecified
☐ 780.51 (G47.30) Insomnia with Sleep Apnea, Unspecified	☐ 327.23 (G47.33) Obstructive Sleep Apnea, Adult Pediatric
	☐ Other:

7 Home Sleep Test Procedure:

2-night Unattended, Type III Portable Recorder with minimum four (4) channels: Records airflow, respiratory effort, O2 saturation, and heart rate. Performed on room air unless specified below.

☐ Test on Oxygen - check here if test is to be performed with patient on current O2 prescription

8 Physician Signature & Certification: *(Stamped dates/signatures not valid. Must be signed by Physician/PA/NP)*

I, the undersigned, certify that I am the patient's treating physician and that the information contained on this form is based on a face-to-face office visit. I am prescribing a two-night serial HST as medically necessary to validate results because of night to night variability.

Sign Here: X _____ **Date:** _____

Please fax completed order form & insurance card back to 866-215-7347