



# Sleep Study / Consultation Order Form

Kaiser Ahmad, M.D., DABSM  
Medical Director  
Specializing in Sleep Disorders

Naeem A. Lughmani, M.D., FAASM, FCCP  
Administrative Director  
Specializing in Sleep Disorders

**Please fax this form along with the following information to 410-238-1674**

- Patient Demographics/ Face Sheet
- Copy of Insurance Cards
- Current Medication List
- History & Physical

## Locations

**Corporate Office**  
1811 N. Reynolds Rd.  
Suite 204  
Toledo, OH 43615  
Phone: 419-531-2112  
Toll Free: 888-357-5337  
Fax: 419-531-2126

**Rosedale Campus**  
1232 Race Rd.  
Suite 303  
Rosedale, MD 21237  
Phone: 410-238-1673  
Fax: 410-238-1674  
For Billing Questions call:  
Toll Free: 888-357-5337

## Multidisciplinary Clinics

**Dental Sleep Clinic**  
Aatifa Khan, D.D.S.

**General Sleep Medicine Clinic**  
Kaiser A. Ahmad, M.D.,  
DABSM

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Current Medical Diagnosis:** \_\_\_\_\_

(For example: any cardiac issues, diabetes, hypertension...)

**Allergies:** \_\_\_\_\_

### Indications for Testing (Check all that apply)

- |                                                        |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Loud Snoring                  | <input type="checkbox"/> Unusual movements in sleep            |
| <input type="checkbox"/> Excessive Daytime Sleepiness  | <input type="checkbox"/> Crawling aching legs                  |
| <input type="checkbox"/> Breathing pauses in sleep     | <input type="checkbox"/> Hypnagogic hallucinations             |
| <input type="checkbox"/> Gasping or choking awakenings | <input type="checkbox"/> Sudden loss of muscle strength        |
| <input type="checkbox"/> Obstructive Sleep Apnea       | <input type="checkbox"/> Sleep paralysis                       |
| <input type="checkbox"/> Weight gain/ loss             | <input type="checkbox"/> Post Uvulopalatopharyngoplasty        |
| <input type="checkbox"/> Morning headaches/ dry mouth  | <input type="checkbox"/> Falling asleep at inappropriate times |

### Choose a Protocol or Specific Study

#### Sleep Study Protocols:

- Sleep Apnea: Night 1 and Night 2
- Narcolepsy: Night 1 and MSLT
- Wakefulness Evaluation: MWT

#### Specific Sleep Studies:

- Night 1 - 16 Channel Polysomnogram
- Night 2 - Polysomnogram with CPAP Titration
- Split Night Polysomnogram
- MSLT (Multiple Sleep Latency Test)
- MWT (Maintenance of Wakefulness Test)

#### Clinic Consultations:

- General Sleep Medicine
- Dental Sleep Medicine

**Referring Physician: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Referring Physician: (Signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Medical Director: (Signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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