

PRESCRIBER INFORMATION

Name: _____ Address / City / State / Zip: _____
 Phone: _____ Fax: _____ NPI: _____
 Referral Coordinator: _____ Phone: _____ Email: _____

PATIENT INFORMATION

Name: _____ Gender: _____ DOB: (mm/dd/yyyy) _____
 Address/City / State / Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Preferred Written / Spoken Language: _____ Emergency Contact / Number: _____
 Primary Payer: _____ ID#: _____ Group: _____ Phone: _____
 Secondary Payer: _____ ID#: _____ Group: _____ Phone: _____

CLINICAL EVALUATION

Height: _____ Weight: _____ BMI: _____ Neck Size: _____ Sleep Epworth: _____
 Related Symptoms: Excessive Daytime Sleepiness Syncope/Near-Syncope Fatigue Snoring Palpitations
 Irregular Heartbeat Heart Racing Difficulty Falling/Staying Asleep Observed Apnea
 Non-Restorative Sleep Shortness of Breath Other: _____

DME Selection: _____

If blank, VirtuOx will select a qualified DME & assist patient referral.

Do not coordinate DME

↓ Please **Fully Complete** Sections Below for **Each Test** Being Ordered ↓

CardioSleep Test (Sleep Apnea Test & Cardiac Monitoring)

Cardiac Test Diagnosis:
 Bradycardia R00.1
 Tachycardia R00.0
 Palpitations R00.2
 Other Orders / Diagnosis: _____

Sleep Test Diagnosis:
 Obstructive Sleep Apnea G47.33
 Hypersomnia G47.10

Home Sleep Test on room air up to 2-nights portable monitor (AND) 24-Hour Holter + 7 Day MCT Monitoring

Ambulatory Cardiac Monitoring (Cardiac Test Only)

Select one: 24- Hour Holter + 7 Day MCT Monitoring 7-Day Extended Holter

Cardiac Test Diagnosis
 Bradycardia R00.1 Tachycardia R00.0
 Palpitations R00.2
 Other Orders / Diagnosis: _____

Other Ambulatory Cardiac Monitoring is available by contacting VirtuOx

Sleep Apnea Test (Sleep Apnea Test Only)

Sleep Test Diagnosis:
 Obstructive Sleep Apnea G47.33 Hypersomnia (G47.10)
 Other Orders / Diagnosis: _____

Home Sleep Test on room air up to 2-nights unattended portable monitor

Insomnia Test (Insomnia Test Only)

Insomnia Test Diagnosis:
 Insomnia Unspec G47.00 Sleep Apnea Unspec G47.30
 Other Orders / Diagnosis: _____

Insomnia Test on room air up to 2-nights portable monitor with EEG, EMG, EOG

Comprehensive Sleep Test (Sleep Apnea Test & Insomnia Test)

Sleep Test & Insomnia Diagnosis:
 Obstructive Sleep Apnea G47.33 Hypersomnia G47.10
 Other Orders / Diagnosis: _____

Home Sleep Test on room air up to 2-nights portable monitor (AND) up to 2-nights unattended portable monitor with EEG, EMG, EOG

Overnight Oximetry Test (Overnight Oximetry Test Only)

Overnight Oximetry Capnography & Overnight Oximetry

Overnight Oximetry Diagnosis:
 COPD J44.9 Hypoxemia R09.02
 Short Of Breath R06.02 Other Orders / Diagnosis: _____

Overnight Oximetry Test up to 2-nights unattended monitor recorder

If an MCT is ordered but not covered by insurance or doesn't qualify, please consider this my written order for an Extended Holter of the same or up to a max 14-day duration. I acknowledge that Extended Holter won't provide alerts during testing; alerts are only available after data analysis is complete. ____ Do Not Substitute Test Type. I confirm I have reviewed and agree to the Physician Notification Criteria and the Holter-to-MCT Transition Criteria available at virtuox.net.

Check here if the ordering provider will interpret the cardiac testing results. (VirtuOx's panel of cardiologists will interpret if not selected.)

Physician Signature: _____ Date: _____

Please fax completed order form, demographics & insurance card to **888-635-8380**

CardioSleep Testing Ordering Guide

Research indicates up to 85% of AFib patients also exhibit sleep apnea¹. Conversely, sleep apnea can quadruple (4X) the risk of patients developing AFib,² which can increase the risk of stroke in patients by 5X.³ Untreated sleep apnea increases the risk of hypertension which predisposes a person to AFib and other cardiovascular disorders.

CARDIOSLEEP COMBO KIT (Cardiac Monitoring combined with Sleep Apnea Testing)

- Consider if the patient has cardiac symptoms like irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc...
- (AND)**
- Consider if a patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co-morbidities which can cause sleep apnea etc...

AMBULATORY CARDIAC MONITORING (Cardiac Only Testing)

- Consider if the patient has cardiac symptoms like irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc...
- Consider confirming cardiac interventions like surgery, medications etc...

SLEEP APNEA TESTING (Home Sleep Test)

- Consider if the patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co- morbidities which can cause sleep apnea etc...
- Consider for sleep therapy qualification or to verify sleep therapy effectiveness

INSOMNIA TESTING (Insomnia Test)

- Consider if patient has insomnia symptoms like difficulty falling asleep, staying asleep or waking up too often
- Consider if previous sleep apnea testing was un-revealing (negative OSA)
- Consider verifying sleep stages for patients on sleep therapy (CPAP, Dental Devices)
- Consider verifying sleep medication ordering, efficiency or titration

COMPREHENSIVE SLEEP TESTING (Home Sleep Test with Insomnia Test)

- Consider if the patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co- morbidities which can cause sleep apnea etc...
 - Consider for sleep therapy qualification or to verify sleep therapy effectiveness
- (AND)**
- Consider if the patient has insomnia symptoms like: difficulty falling asleep, staying asleep or waking up too often

OVERNIGHT OXIMETRY TESTING (Oximetry Test or Capnography & Oximetry Test)

- Consider if the patient has hypoxemia symptoms NOT associated with sleep apnea like shortness of breath, cyanosis, morning headache, tachycardia etc...
- Consider for oxygen equipment qualification (O2) or to verify settings on sleep equipment (O2, CPAP, Dental Devices)

1 Abumuamar, AM, Dorian P, Newman D, Shapiro CM. The prevalence of obstructive sleep apnea in patients with atrial fibrillation. Clin Cardiol. 2018 May;41(5):601-7

2. Mehra R, Benjamin EJ, Shahar E et al. Association of nocturnal arrhythmias with sleep-disordered breathing: The Sleep Heart Health Study. Am J Respir Crit Care Med. 2006;173:910-6.

3. Holmes DR. Atrial fibrillation and stroke management: present and future. Semin Neurol. 2010 Nov;30(5):528-36. doi: 10.1055/s-0030-1268861. Epub 2011 Jan 4. PMID: 21207345