

Initial Treatment with APAP/CPAP and Supplies Worksheet: Pediatric

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

Directions:

Collect patient information from the requesting physician. Submit online (www.ProviderPortal.com) for an instant response.

Order Type:

Initial Treatment: APAP/CPAP and Supplies

Primary Suspected Diagnosis _____

AHI/RDI Score

Enter AHI/RDI Score _____

Adenotonsillectomy History

(please check all that apply)

Adenotonsillectomy has been unsuccessful in treating OSA

Minimal Adenotonsillar tissue is present

Adenotonsillectomy is not appropriate because OSA is attributable to another condition

Adenotonsillectomy is contraindicated

Sleep Study History

A successful CPAP Titration has been performed for this patient Yes No Unknown

