

**ORDERING HOME SLEEP TEST (HST)**

* **Please fax the following documents to 434-849-8448**

**-HST Order Form (Please note if pt. is to follow up with SWC or PCP)**

**-Completed Epworth Sleepiness Scale**

**-Patient Demographics**

**-Signed office visit note from office visit stating reason for HST.**

**Note must include 3 symptoms or reasons for study such as daytime fatigue/sleepiness or suspected OSA. Snoring is no longer an accepted symptom per 2018 Medicare rule.**

* **After documents have been received by our office, a member of the Sleep Wellness Center staff will call the pt. to schedule the HST and obtain preauthorization if required.**
* **Once an appointment has been made, we will fax you the date and time of appointment. (Please include your fax number with the order).**
* **These appointments will most likely be group teaching sessions held at 4:20 pm Monday-Thursday.**