



### 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 Apneas Non-Restorative Sleep  
 Shortness of Breath Other: \_\_\_\_\_

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

CardioSleep Combo Kit Shipped if Ordered Together  
 Select One Test & Dx from Both Cardiac and Sleep Testing

#### CARDIAC MONITORING

24-Hour Holter+MCT Monitoring\*  
 Mobile Cardiac Telemetry (MCT)  
 Extended Holter Monitoring (max 14-days)  
 Cardiac Event Monitoring

#### DIAGNOSIS

Bradycardia R00.1  
 Tachycardia R00.0  
 Palpitations R00.2  
 Other \_\_\_\_\_

#### TESTING DURATION

3 Days  
 7 Days (default if not specified)  
 14 Days  
 Other \_\_\_\_\_

\*Patient will receive a 24-hour Holter followed by a MCT Test if the Holter is found to be unrevealing per the policy posted on virtuox.net  
 If a Mobile Cardiac Telemetry (MCT) or a 24-Hour Holter+MCT test is ordered and either the patient's insurance does not cover the MCT test, or the patient does not qualify, this constitutes my written authorization for an Extended Holter test of equivalent duration as an alternative to the original order. I acknowledge that Extended Holter Tests is a maximum of 14 days and will not generate notification alerts during the test period. Instead, notifications will be issued at the conclusion of the test, following data analysis. Provide Cardiac Event Monitoring rather than the Extended Holter as an alternative Do Not Substitute with any alternative test type. I affirm that I have reviewed and agree to the Physician Notification Criteria posted at www.virtuox.net.

#### SLEEP APNEA TESTING

Home Sleep Test:  
 Room Air up to 2-night unattended portable recorder.

#### DIAGNOSIS

Obstructive Sleep Apnea G47.33  
 Hypersomnia G47.10  
 Other \_\_\_\_\_

#### OTHER HST ORDERS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### INSOMNIA TESTING

Insomnia Test:  
 Room Air up to 2-night unattended portable recorder with minimum three (3) channels eg: EEG, EMG, EOG

#### DIAGNOSIS

Insomnia Unspecified G47.00  
 Sleep Apnea Unspecified G47.30  
 Other \_\_\_\_\_

#### OTHER INSOMNIA ORDERS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### OVERNIGHT OXIMETRY TEST

Oximetry Test  
 Capnography & Oximetry Test  
 Up to 2-night unattended portable recorder with POX / HR

#### DIAGNOSIS

COPD J44.9  
 Hypoxemia R09.02  
 Shortness of breath R06.02  
 Other \_\_\_\_\_

#### TEST ORDERS

Room Air (default value)  
 Oxygen @ \_\_\_\_\_ LPM  
 CPAP/BIPAP  
 Other \_\_\_\_\_

#### Repeat Test

30-Days  
 60-Days  
 90-Days  
 Other \_\_\_\_\_

**Mandatory** - Please indicate Local Home Health Provider (DME) for this test: \_\_\_\_\_

Click here if ordering physician would like to perform the cardiac testing interpretation (defaults to VirtuOx panel of cardiologists if not checked)

**Prescriber 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 apnea<sup>1</sup>. Conversely, sleep apnea can quadruple (4X) the risk of patients developing AFib,<sup>2</sup> which can increase the risk of stroke in patients by 5X.<sup>3</sup> 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 ordering this test if you feel patient has cardiac symptoms like: irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc... (AND)
- Consider ordering this test if you feel 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...

### **CARDIAC MONITORING**

#### **Holter+MCT, Mobile Cardiac Telemetry, Extended Holter, or Cardiac Event Monitoring**

- Consider ordering this test if you feel patient has cardiac symptoms like: irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc...
- Consider ordering this test to confirm cardiac interventions like surgery, medications etc...

### **SLEEP APNEA TESTING**

#### **Home Sleep Test**

- Consider ordering this test if you feel 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 ordering this test for sleep therapy equipment qualification (CPAP, Dental Devices) or to verify settings on sleep equipment are sufficient

### **INSOMNIA TESTING**

#### **Insomnia Test**

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

### **OVERNIGHT OXIMETRY TESTING**

#### **Oximetry Test or Capnography & Oximetry Test**

- Consider ordering this test if you feel patient has hypoxemia symptoms NOT associated with sleep apnea like: shortness of breath, cyanosis, morning headache, tachycardia etc...
- Consider ordering this test 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