Authorization request for Overnight apnea specific test for: suspected Obstructive Sleep Apnea

SASSH South African Society for Sleep and Health

Procedure codes: _____ Authorisation No.: _____

Patient Information

Name & Surname: _____

ID No: _____ Contact No: _____

Medical Aid

Medical Aid Name: _____ Medical Aid Number: _____

Medical Aid Plan: _____ Dependent Code: ____

Main Member: _____ Main Member ID No: _____

PMB status: Is this request related to the management of a PMB condition? **Yes** ☐ **No** ☐

Cardiac arrythmia _____ ☐ Cerebrovascular disease _____ ☐ Hypertension _____ ☐

Depression _____ ☐ Type 2 Diabetes mellitus _____ ☐ Cor Pulmonale _____ ☐

Other PMB disorder _____ ☐

Additional information / indications as necessary:

STOPBANG Score: _____/8 Epworth Sleepiness Score: _____/24 Fatigue severity scale: _____/63

Gender: _____ BMI: _____ m^2/kg

Facility required No ☐ Yes ☐ Facility name: _____

Reason: Unsafe environment for home study ☐ Patient physically not able to do study ☐ Nursing assistance required ☐

Test to be done by: _____ **Practice nr:** _____

Requesting Doctor: _____ **Practice nr:** _____

Email Address: _____ Contact number: _____

Date: _____ Signature: _____