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www.VirtuOx.net

VirtuOx VIP Program: HoST Order Form (Level II)

Patient Demographics:

Name: _____ Sex: _____ DOB: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell Phone: _____ Email: _____

Insurance Demographics:

Payer name 1: _____ ID#: _____ Group #: _____ Phone: _____

Payer name 2: _____ ID#: _____ Group #: _____ Phone: _____

Referring Physician Demographics:

Physician Name: _____ NPI: _____

Referring DME Demographics:

DME Name: _____ NPI: _____

► Diagnostic Orders

☐ One Night Unattended HST Level II with 7 or more channels

☐ Patient will use currently prescribed O2 during HoST ☐ Yes ☐ No

► Sleep History and Physical Exam:

Height: _____ inches Weight: lbs: _____ BMI: _____ Neck Circumference: _____

☐ Sleep Disordered Breathing

☐ A.M. Headaches

☐ Excessive Daytime Sleepiness

☐ Observed Apnea

☐ Dry Mouth in A.M.

☐ Awakening Gasping for Air

☐ Non-Restorative Sleep

☐ Loud Snoring

☐ Depression

► Sleep Epworth Exam: (*Please rate patient's rate of dozing)

Epworth Number: _____

0= No chance on dozing 1= Slight chance of dozing

2= Moderate chance of dozing

3= High chance of dozing

____ Sitting & Reading

____ Lying down to rest in afternoon

____ In car stopped in traffic

____ As a passenger in car <1 hr

____ Sitting quietly after lunch w/o alcohol

____ Sitting & talking with someone

____ Sitting inactive in public place

____ Watching TV

Acceptable Diagnostic Codes for HST (G0398)

☐ 780.57 Sleep Apnea, Unspecified

☐ 799.02 Hypoxemia

☐ 780.53 Hypersomnia with Sleep Apnea, Unspecified

☐ 327.20 Organic Sleep Apnea, Unspecified

☐ 780.51 Insomnia with Sleep Apnea, Unspecified

I am ordering this HST because the patient had a high pretest probability of moderate to severe OSA after performing a comprehensive sleep evaluation.

► Physician Signature: _____ Date: _____