



Sleep Study Instructions

A Sleep Study has been scheduled for _____

on _____ at **7:30pm (until 7:00am)** at the United Sleep Medicine location checked below:

- Charlotte** 5821 Fairview Road, Ste 409: 704-377-5337
- South Charlotte** 7000 Shannon Willow Road, Bldg 2 704-541-0634*
- Monroe** 1630 Campus Drive, Unit C: 704-225-8328*
- Concord** 212 LePhillip Court, Ste 105: 704-721-6570*
- Huntersville** 9801 West Kincey Ave., Ste 102: 704-948-0165*(No Shower facilities at this time)

*These phone numbers are available for evening sleep study patients. All appointment scheduling, rescheduling, and other information should be directed to our main office at 704-377-5337.

Your **follow up** appointment (to get the results of your study and discuss a treatment plan) has been scheduled for: _____ at _____ AM/PM at the location checked below.

- Charlotte** 5821 Fairview Road, Ste 409
- Monroe** 1630 Campus Drive, Unit C
- Concord** 212 LePhillip Court, Ste 105
- Huntersville** 9801 West Kincey Ave., Ste 102

While we will make every effort to contact you to confirm your sleep study, **you should call United Sleep Medicine at 704-377-5337 at least 24 hours before your sleep study if you will be late or if you must cancel your appointment.** If you miss you appointment or fail to cancel within 24 hours notice, you will be charged \$200 for the test, since we have reserved a space for you, which involves staffing of technicians. (Your insurance does not cover this).

While we will contact your insurance company to preauthorize your sleep study, we urge you to also call your insurance company to verify that your sleep study has been preauthorized. If you have any questions or concerns regarding insurance or billing, or if you need to make financial arrangements, please contact our billing department at 704-377-5337 ext. 220.

Your safety is important to us. If you are experiencing any sleepiness as a result of your sleep problems, please have someone drive you to and from your test; however, guest are not permitted to spend the night except in special circumstances with prior approval or with pediatric patients.

If this study involves a child, we want his or her stay to be as friendly and comfortable as possible. For that reason, a parent or guardian must stay with the child throughout the test. We will have a sleeping area available.

Listed on the other side of this sheet is additional information regarding your sleep study and advanced preparations that you will need to make. Please read it carefully, but feel free to call our office if you have any questions.

Patient's Signature (or responsible party; i.e. parent, guardian, caretaker) _____ **Date**

(If other than patient signature, please indicate relationship to patient _____)

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PERSONAL HYGIENE

Electrodes will be placed on your head and body. For them to remain in place and function properly, your skin must be clean and dry. Please do not apply any skin moisturizers, creams or oils. Your hair also must be clean and dry. After shampooing your hair, do not apply any hairdressing such as hair spray, mousse, gel, oil, or cream. Shower facilities will be available for you to use after testing is completed. Please bring your own toiletry items such as soap, shampoo, conditioner, hair dryer, deodorant, toothbrush and toothpaste. Towels and washcloths will be provided.

BED CLOTHES

- Women: Please wear loose-fitting pajamas with buttons down the front, or a button-down shirt with sweat pants or shorts. Avoid wearing any revealing clothing, as others are often present. Do not wear one-piece gowns, jumpsuits, tight garments, or anything silky or slippery.
- Men: Please wear either pajamas or a t-shirt and shorts or sweat pants. **UNDERCLOTHES ALONE ARE NOT ACCEPTABLE.**
- Children: Please wear two-piece pajamas that button or snap in the front or back. Please do not bring one piece pajamas or pajamas that pull over the head.

OTHER INFORMATION:

- Bring your own pillow(s) if you feel that you will sleep better with them.
- Please leave all valuables at home. You may want to keep a small amount of cash (\$10) for meals or snacks, if necessary
- Bring all sleep logs, diaries, and questionnaires with you
- Do not take any naps during the day of your sleep study
- **Sunday night patients:** Please show up at your specified time of arrival. If the doors are locked, please wait by the door and a sleep technician will be with you shortly
- Do not bring an alarm clock or watch with you, as you will not be permitted to observe the time while in bed.
- Eat a full, regular meal before arriving at the Sleep Center. On the day of your sleep study, avoid eating or drinking any caffeine, including coffee, tea, sodas, and chocolate, especially after 9:00am.
- With the exception of daytime tests (MSLT, MWT), the Sleep Center does not provide meals. You may bring your own snacks and beverages as long as they are caffeine free.
- If someone is picking you up in the morning, he or she should arrive at the Sleep Center between 6:30am and 7:00am.
- Daytime (MSLT, MWT) patients should be prepared to stay that evening **and** the following day until 5:00pm.
- Children may bring familiar objects to help them sleep, such as toys, pillows or blankets, storybooks, videotapes, pacifier or bottle.
- Please continue to take your medications as prescribed unless you are instructed to do otherwise.

When you come to the Sleep Center you should bring:

1. Any medications you might need during your stay
2. A list of all medications, or the medications themselves, especially if you are diabetic, have a heart condition, or high blood pressure. **NO** medicine will be provided.
3. The times you took your medication(s) on the day of your sleep study.