

Appointment Confirmation and Instructions

Name: _____

Appointment Date: _____ Appointment Time: _____

Type of Study Scheduled: SLEEP STUDY

On the day of your test please arrive at 8:00 pm. Although you will be spending the night in the sleep laboratory the sleep study is considered an outpatient procedure. Free overnight parking is available in the front lot (Please park on the R hand side as you come down the driveway). Enter through the main entrance of the hospital and check in with the volunteer at the information desk. You will get instructions on how to proceed to the Sleep Lab.

If you cannot keep your appointment, please call 891-2782 at least 24 hours in advance. If you are not in your baseline health at the time testing is scheduled (i.e., you have a cold), call us at least one business day prior to your appointment to discuss whether it may be necessary to rescheduled.

Please follow these instructions on the day of testing:

1. Please eat your regular evening meal, but refrain from the intake of **alcohol** and **caffeine** after **3:00 pm**. This includes coffee, tea, soft drinks with caffeine, chocolate, etc.
2. If you need to take any medications during your stay in the sleep laboratory (both prescription and/or over-the-counter), please bring the medication with you. No medication will be supplied by our staff. You should continue your usual medication(s) unless your doctor wants you to stop them. Please ask your doctor.
3. If possible, please bathe or shower, and shave a few hours prior to your sleep study appointment time. Note: If you have a beard and/or mustache you do **not** have to shave it off. Wigs, hair pieces and weaves must be removed for application of electrodes. **DO NOT** use any face or body moisturizers, makeup, hair sprays, gels or oils.
4. Please bring:
 - Insurance card(s) and ID (i.e., driver's license).
 - Payment of insurance co-pays is expected at time of service. We accept cash or check.
 - Your **COMPLETED SLEEP QUESTIONNAIRE must be brought to your appointment with you.**
 - The **PRESCRIPTION OR ORDER FORM FOR SLEEP STUDY, IF YOUR PHYSICIAN PROVIDED YOU WITH ONE.**
 - Reading glasses if needed to complete/sign forms.
 - Sleep Attire- Loose fitting pajamas or a shirt and shorts/jogging pants. If pants are chosen, please bring ones that can be pulled up to your knees to aid in the application of electrodes. Hospital gowns are also available.
 - Toiletries- i.e., your toothbrush, toothpaste, shaving kit, comb, etc. Each room is equipped with a private bathroom. Separate shower facility is available upon request.
 - If you are currently wearing CPAP/BiPAP please bring only your mask with you.
 - Glucometer and testing supplies, if diabetic. Patients with nutritional needs, please bring necessary snacks.
5. Please leave valuables at home.

What to Expect when you arrive:

1. Upon arrival you will be orientated to your private room. Your room has a queen-size bed, TV and private bathroom. Please note that St. Joseph Campus is a non-smoking facility. Smoking is **not** permitted in or on the hospital grounds.
2. You will be asked to complete some paperwork and then you will be connected to the monitoring equipment.
3. Lights out will typically be between 10p.m. and 11p.m.
4. Wake-up time is around 5:00 a.m. and you can expect to be discharged from the lab by 6:00 am. If someone is picking you up please ask them to come no later than 6:00 am.