



Experienced. Caring. Sleep Solutions.



<u>SLEEP CENTER LOCATION</u> 3020 Hamaker Court Suite 401 Fairfax, VA 22031	For appointments: (703) 876-2850 For after-hour emergencies (703) 876-5645	PLEASE FAX THIS SIGNED FORM TO <u>(571) 308-1158</u> IN ORDER TO SCHEDULE YOUR SLEEP STUDY. THANK YOU.
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SLEEP STUDY GUIDELINES

- 1. INSURANCE APPROVAL:** Please sign and fax this form to (571)-308-1158. Once this form has been received, we will work to obtain approval from your insurance company. This process can take up to 4-6 weeks. Once we have received authorization from your insurance company, we will call you to schedule your sleep study. ***In some cases, your insurance company may only authorize a home sleep study, we will let you know***
- 2. SLEEP FORMS:** Please complete all the forms in the sleep packet and bring them with you on the night of your sleep study.
- 3. ARRIVAL/DEPARTURE:** **Please arrive at the sleep laboratory at 8:30 p.m. and not before.** Please arrange to leave by 5:30 a.m. the next morning. You will need to press the after-hours Neurology Center buzzer at the main doors to the building on Hamaker Court to obtain entry for your study.
- 4. ROOM:** A private bedroom with bathroom (no shower) and television will be reserved for you. Please let us know as early as possible if you must cancel or reschedule your sleep study.
- 5. WHAT TO BRING:** **If you wear a hearing aid, please bring that with you. Bring your own pillow, toiletries, loose, comfortable clothing to sleep in.** If you will be staying for the daytime nap test (Multiple Sleep Latency test), you may want to bring reading materials and/or your computer to help pass the time between the nap tests. Please also bring something to eat for breakfast and lunch.
- 6. BEFORE THE TEST:** Please take a shower before coming to the sleep center. To help us obtain the most accurate study, please do not put any type of gel, mousse, or spray into your hair. Also, please do not use any skin lotion, cream, or makeup.
- 7. MEALS:** Please eat your normal dinner before coming to the sleep center. You will be finished with your sleep study prior to your breakfast time. Food and beverages are not kept in the sleep center.
- 8. NAPS:** Try not to take any naps during the day before your test. We want you to be sleepy on the night of your sleep study.



9. **ALCOHOL/CAFFEINE:** Please refrain from all the caffeinated and alcoholic beverages after 3:00 PM on the day of your sleep study.
10. **MEDICATIONS:** Please bring any medications you usually take at night and in the morning.
11. **COLDS AND FLU:** If you become sick before your sleep study, please reschedule the sleep study so that an accurate test can be performed. Please call us as soon as possible to reschedule your test.
12. **REGULATION:** Smoking, alcohol use, illegal substances, or weapons of any type are strictly prohibited on the premises.
13. **CANCELLATION:** Please provide at least **72-hours' notice** if you need to cancel your sleep study. A **\$300** fee will be charged if you cancel within the **72-hours** or do not show up for your sleep study.
14. **FOLLOW-UP:** Within 7-10 days of completing your sleep study, a staff member will call you by phone to provide you with results of your sleep study. You are welcome to obtain a copy of your sleep study report any time.

If your sleep study shows sleep apnea, you will be referred to do a "treatment" sleep study with CPAP therapy. After completing this study, you will be notified of the results within 7-10 days and be given the option to receive new CPAP equipment at home to treat your sleep apnea. In all cases please make sure to schedule a follow-up visit with your physician. You may also make an appointment to see our sleep specialist, Dr. Richard Cho.

For more information about sleep apnea and CPAP therapy, please look in your packet or go to our website: <http://yoursleepcenter.net>

I UNDERSTAND THE ABOVE AND HAVE RECEIVED A COPY OF THIS FORM.

PRINTED NAME

DATE OF BIRTH

PATIENT SIGNATURE

DATE

Primary Phone Number: _____

Secondary Phone Number: _____