

Appt Date ___/___/___ Time ___:___AM

Follow-up Appt ___/___/___ Time ___:___AM

PATIENT INSTRUCTIONS FOR DAYTIME TESTING

Please read and understand the following information prior to your scheduled appointment.

IMPORTANT:

- PATIENTS ARE REQUIRED TO PAY ALL COPAYS AT THE TIME OF SERVICE. WE ACCEPT CHECKS, MONEY ORDERS, AND CREDIT CARD PAYMENTS. **TECHNICIANS DO NOT ACCEPT CASH.**
- IF FOR ANY REASON YOU CANNOT KEEP THIS APPOINTMENT KINDLY GIVE THE OFFICE A CALL 48 HOURS BEFORE YOUR SCHEDULED APPOINTMENT DATE OR **YOU WILL BE SUBJECTED TO A \$150 FEE.**
- IT IS THE PATIENT'S RESPONSIBILITY TO INFORM THE OFFICE OF ANY INSURANCE CHANGES. FAILURE TO DO SO MAY RESULT IN COSTLY MEDICAL BILLS.
- PLEASE NOTE: IF YOU REQUIRE A HOME HEALTH AID OR NURSE, THEY MUST ACCOMPANY YOU TO YOUR APPOINTMENT. OUR TECHNICIANS ARE UNABLE TO ASSIST WITH CATHETERS, INJECTIONS, DIAPER CHANGING, ETC.
- A PARENT OR GUARDIAN IS REQUIRED TO STAY FOR THE DURATION OF THE OVERNIGHT STUDY FOR PATIENTS WITH DIABILITY OR PATIENTS UNDER THE AGE OF 18.

The daytime test typically takes place on the day immediately following your night sleep study. You will receive separate instructions pertaining to the night sleep study. For this test, you will remain in the laboratory the entire day. You will be awakened from the night sleep study approximately between 7 and 8 am. We will ask you to go back to bed for 5 naps scheduled throughout the day at 2-hour intervals. The first session will begin approximately between 9 and 10 am, and the last nap will begin approximately between 5 and 6 pm. **The daytime test will end at approximately 7 pm.**

During this daytime test, you will have electrodes on your head, face, and shoulders in order to monitor your brain waves, eye movements, muscle tone, and heart rhythm. The electrodes are connected to you using a hypoallergenic paste. This procedure is virtually painless. The sleep technician will explain the procedure, and monitor you during the naps. After the test is completed, private bathrooms are available for you to take a shower. Please note that there will be paste residue on your hair, which is removed when showering with warm water.

The daytime test is used to determine the speed with which you fall asleep and the kind of sleep you go into, or your ability to stay awake. The results will give us valuable diagnostic information about your condition. The test has been standardized in the laboratory environment. You will be required to stay awake and out of bed between the sessions.

Continue to take all medications prescribed by your doctor, unless otherwise advised by our physicians.

Bring whatever you need to stay in the sleep center for the entire day, including toiletries and comfortable clothes/sleepwear (preferably two piece loose fitting pajamas) and slippers. You will be allowed to watch TV or read between the sessions, so you can bring reading materials with you.

The daytime test is an outpatient procedure, we will not provide you with food during the day. You will not be able to leave the sleep center to buy food because you will have electrodes attached to your head. However, you may bring food or money to order food. The sleep center has a refrigerator and a microwave. **You will NOT be allowed to consume any beverage or food that may contain caffeine** (e.g., coffee, caffeinated soda, chocolate, etc.).

FOR GENERAL INSTRUCTIONS AND DIRECTIONS, PLEASE SEE THE INFORMATION ABOUT THE NIGHT STUDY APPOINTMENT.

