



Texas Pulmonary Sleep Center

907-B Medical Centre Drive ~ Arlington, TX 76012
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www.lpsctr.com

Welcome to the Sleep Center

What: All night sleep study to determine if you have a possible sleep disorder. You will sleep in a private room similar to a hotel room while being monitored with video and audio recorded throughout the study. During testing, a technician will be available to assist you to the restroom if needed. Please bring all personal items with you that may help you rest comfortably (pillows, radios, etc).

PLEASE DO NOT BRING FOOD/ DRINKS, this is a clinical environment and food is not allowed in the bedrooms during testing. Please eat your final meal of the day before your arrival. You will be offered a breakfast snack & beverage in the morning.

You will have electrodes placed on your head, chest, and legs to enable monitoring of brain, muscle, heart, and respiratory functions. This is not painful, but **it is very important that you have clean, dry hair AND body the evening of the test.** The best attire for testing is boxer shorts and a T-shirt, or a 2-piece pajama suit, or women may wear a ¾ length gown. It is very important that the chest area is covered for monitoring placement purposes. Please also bring a robe to adequately cover you while getting up for restroom breaks. We want this to be a pleasant experience, so your cooperation is appreciated.

Confirm: The sleep lab bed and an attending technician have been reserved for you. One family member may bring or accompany you to the lab. However, we request that they leave when sleep testing begins. You must contact our office at (817) 461-8772(TPSC) during daytime business hours at least 24 hours before your scheduled appointment to confirm, change or cancel to avoid a \$200.00 cancellation fee not covered by insurance.

- Bring:**
1. Signed HIPAA Release of Information (signature page)
 2. Completed pre-sleep study questionnaire, sleep diary, and signed agreement forms.
 3. Insurance cards & drivers license or picture ID
 4. All current prescription medications (in their original containers) for study documentation.
 5. Morning personal hygiene items such as, toothbrush, toothpaste, comb, brush, etc.

When: _____ at _____ AM / PM.
(Day of the week, month, day, year) (Time)

Technicians arrive just before your appointment time, so please arrive on time but no earlier than your appointed time. The building will be locked for security purposes after patient arrival. Patients who arrive late without prior notification may not be guaranteed their appointment. The study is required to record at least 6 hours of sleep time. Due to limited time for testing, we request that lights and TV's are turned off by 10:30 p.m. to begin testing. Testing will be completed between 5:00-5:30 a.m., but you should notify the technician if you should need to leave earlier. If an excuse is required for your employer, you must request it PRIOR to the day of your appointment. Please adjust your sleep/wake times accordingly if these sleep testing hours do not coincide with your usual sleep cycle. Daytime napping the day of your study is also PROHIBITED. If you administer any medications during your time at the sleep lab, please notify the technician for proper documentation. Caffeine, alcohol, and tobacco are restricted during the sleep study as these can affect the results.

Where: We are located at 907-B Medical Ctr. Drive in Arlington across from Texas Pulmonary & Critical Care Consultants, P.A. office. Front door parking is available, and a handicap accessible ramp is located in the North parking lot with close proximity to the front door of the sleep center. If you are unfamiliar with any of these instructions, please call for assistance before your appointment.

*I have read and agree to comply with these instructions. _____
(Patient Signature Required) Date