

# The Permanente Medical Group Sleep Medicine Laboratory



Dear \_\_\_\_\_

Medical Record # \_\_\_\_\_

You have been scheduled for an overnight sleep study. It is imperative that you arrive promptly at your scheduled appointment time.

**Appointment Location:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

Please have dinner prior to arriving at the sleep laboratory as we will need to begin your hook-up in a timely manner.

**Sleeping accommodations are limited.** For children under the age of 18 we allow one family member to sleep in the same room in a reclining chair. Additional family members that accompany the patient will not be allowed to stay overnight. Patients who require a caregiver to be present throughout the night will need to contact us to assure proper arrangements have been made.

**For our adult patients,** if you feel you will have difficulty sleeping in a laboratory environment we recommend that you bring a one night dose of Ambien (Ambien is a short acting sleeping pill that will not compromise the quality of your study). You will need to obtain a prescription from your doctor for this medication. We do not distribute any medications in the sleep laboratory.

**For all patients** please bring and take your regular medication in the **original bottle** as prescribed by your doctor unless otherwise directed.

**If you are suffering** from a cold, flu, or nasal allergies please contact us regarding your appointment as these conditions may alter your test results.

**You need to call us at least 48 hours prior** to your appointment date to confirm or cancel your scheduled time. Leave a message at this number **408-972-6742** to confirm or cancel your appointment.

**For more information please log on to our website:**

[www.permanente.net/homepage/kaiser/pages/d14309-top.html](http://www.permanente.net/homepage/kaiser/pages/d14309-top.html)

Prior to your study, if you have additional questions please call our main number **408-972-3200**.

Please review the attached patient instructions and travel directions. **You will need to sign and bring** this letter to your appointment, assuring us that you understand and agree to abide by the Sleep Department Policy and Protocols.

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Patient/Parent/Guardian