

Sleep Disorders Scheduling Phone: (727) 734-6716 8:30a.m.-5:00p.m.

Thank you for scheduling your sleep study with Morton Plant Mease. We appreciate that you have chosen us to provide your care.

Please park in the parking garage attached to the Ptak Pavilion on the ground level. **Enter through the ground level parking garage entrance**; we are the first door on the right. Be advised, the main entrance doors are locked, please enter through the garage. Located below is your scheduled appointment time, please do not arrive before this time. A map and directions to the facility are enclosed. If you have any questions regarding directions, please call the scheduling office for further assistance.

To ensure we have the personnel and supplies available for the best sleep study possible, you must **confirm your appointment by 8:00 am** on the day of the study. Confirm your appointment by calling (727) 734-6716. For your convenience, we do have an answering machine that will take your call after business hours. As a courtesy, we will attempt to contact you at least one business day prior to your appointment.

A minimum of 24 hours notice is required for canceled appointments. Missed appointments without prior notice will be charged a fee of \$100. Please understand insurance does not cover this charge.

Patients who miss two appointments or have two late cancellations will not be permitted to reschedule without following up with their physicians.

Insurance Notice: We will obtain insurance authorization for your sleep study with your doctor. If we have any problems obtaining authorization, we will contact you prior to your appointment time. You may have a co-payment or deductible even if your insurance authorizes the study. Please contact your insurance company regarding your payment responsibilities. **Be advised, a sleep study is an outpatient test and our facility is hospital based, we are not a freestanding facility.**

Normally, our sleep centers close from 5 p.m. to 8 p.m. Please leave a message on the technologist's line below with any problems regarding your appointment after 5 p.m. the day of your test.

Date:	
Arrive:	Depart:
Place:	Morton Plant
	Ptak Orthopaedic & Neuroscience Pavilion
	430 Morton Plant Street, Suite 100
	Clearwater, Florida 33756

Polysomnography with CPAP Titration (CPAP Study) Description

CPAP stands for Continuous Positive Airway Pressure. Used appropriately, a CPAP device is worn nightly to treat your sleep disorder. CPAP works by gently blowing pressurized room air through the airway at a pressure high enough to keep the throat open. This pressurized air acts as a "splint." The pressure is set according to the patient's needs at a level that eliminates the apneas and hypopneas that cause awakenings and sleep fragmentation.

On arrival, you will complete required forms, and a technologist will explain the procedure. We then apply electrodes to your skin to monitor your brainwaves (EEG), eye movements (EOG), muscle tone (EMG), heart (ECG), breathing, body position, snoring and blood oxygenation. The electrodes are not painful, and should not interfere with your sleep. Once the electrodes are applied, we fit you with a comfortably sized CPAP mask. We constantly monitor you during the night by video from a separate room to determine your appropriate pressure.

You will have a private bedroom with a full size bed and two pillows. A bathroom is available. You may have time to "wind down" before sleep, you might want to bring something to occupy your time.

Your results are completed and delivered to your physician approximately two weeks after your test. Please make an appointment with your physician to review the results of the study with you.

Instructions:

- This is an outpatient procedure; please advise if you have any medical or physical needs.
- Keep your usual bedtime schedule the day/night before your test
- If you take medications, please take your medications normally
- Shower, wash, and dry hair prior to your appointment
- Allow access to your scalp, you may need to remove your hairpiece, hair weave, etc.
- Turn off cell phone when entering sleep facility
- Eat dinner before you arrive (meals are provided for mslt and mwt patients only)
- Follow any directions your physician recommends
- One parent/guardian must stay overnight with children under 12 years of age
- One parent/guardian may stay overnight with children over 12 years of age

Bring:

- Insurance card
- Cpap/Bipap/Vpap mask (if applicable)
- Loose two-piece sleeping outfit (no one piece nightwear)
- Toiletries
- Snacks (if needed)
- Items to make you comfortable (book, your own pillow, etc.)
- Medications needed
- Sleep aids (if applicable)
- Completed questionnaire and medication sheet (attached)

On the day of the test, do not:

- "Sleep in" or nap the day of the test
- Use hair products
- Consume alcohol
- Consume caffeine after noon
- Wear nail polish
- Wear excessive jewelry or bring valuables



Sleep Disorders Centers Medication History

Name					
Date of Birth					
Allergies		1			
Medication		Reaction			
Cu	ırrent Prescript	ion & Over-1		Medications	
Drug Name (List only those meds currently being taken)	Dose (milligrams, grams, #)	Route (by mouth, patch, etc.)	How Often (ex. Daily, 2 x day, 4 x day)	Reason for taking medication	Last Dose (mm/dd & Time)
Please co	omplete this for	rm and bring	n with you t	o vour appointn	l nent