

Thank you for scheduling your sleep study with BayCare Sleep Centers. We appreciate you choosing us to provide your care. Your appointment date, time, campus and campus instructions are below. An after-hour clinical line is provided for each campus in case you need to contact us on the date of your test. It is important that you show up at the time you are scheduled. If you arrive earlier than your appointment time, you may be required to wait since the technologist will likely be attending to another patient.

St. Joseph's Pediatric Sleep Center at Hampton Lakes-Westchase

12780 Race Track Road, Suite 115, Tampa, FL 33626

Parking: The Sleep Center is located on Race Track Road approximately one-half mile west of Countryway Boulevard. The sleep center has its on entrance on the left side of the building. Please proceed to the this entrance. DO NOT go to the main entrance of the building. Once you arrive at the door, please press the doorbell to call and a team member will allow entry to the sleep center. Our after-hours number is: (813) 749-7826.

Please follow these instructions on the day of your test:

- ✓ Shower, wash and dry your hair (but do not put any styling products on your hair) prior to your appointment.
- ✓ Allow access to your scalp, you may need to remove your hairpiece, hair weave, etc.
- ✓ Remove acrylic nails, gel polish or nail coverings on dominant hand as this could interfere with testing.

Please bring these items with you on the day of your test:

- ✓ Loose fitting two-piece sleepwear (no one-piece nightwear); must sleep in clothing
- ✓ Bedroom slippers or other footwear to avoid walking barefoot
- ✓ Items to make you comfortable (book, your own pillow, etc.)
- ✓ Medications needed, including sleep aids (if approved by referring physician)
- ✓ Completed medication sheet
- ✓ Legal identification (e.g. drivers license, etc) and insurance cards

Insurance Notice: If your insurance requires authorization, we will coordinate the authorization for your sleep study with your doctor. If we have any problems obtaining authorization, we will contact you prior to your appointment date. Authorization requirements do not determine whether you may have a co-payment, deductible and/or co-insurance. Our scheduling staff can answer any questions regarding your insurance and provide you with an estimated cost (if applicable). You may contact your insurance company regarding your payment responsibilities if you are concerned.

We will call you the day before your study to confirm your appointment to answer any questions you may have.

Cancellations:

A 24-hour notice is expected for all cancellations. Please call us before your scheduled appointment date if you are unable to attend for any reason. This allows the available slot to be filled by another patient.



Sleep Disorders Centers Medication History

Name		Отоср		Contoro Medi	cation mistory
Date of Birth					
Allonnica					
Allergies					
Medication		Reaction			
	Current Prescr	ription & Ove		ter 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	complete this	form and br	ing with vo	u to vour appoin	ıtment