

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 Hospital Sleep Center at St. Joseph's Women's Hospital

4321 N. MacDill Avenue, Tampa, FL 33607

Parking: Go to the second entrance off MacDill, "*Hospital Entrance Labor & Delivery*", enter through sliding door. Check in at the information/security desk. You will be given a badge and asked to take a seat. A sleep technologist will come down at your appointment time and escort you to the sleep lab. If you need assistance, running late or can't make your scheduled appointment, please call our after-hours number listed below. Please note: DO NOT USE Breast Center parking located off Martin Luther King Jr. Boulevard. Our after-hours number is 813-356-7195.

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

Date of Birth

Allergies

Medication	Reaction

Current Prescription & Over-the-Counter 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 bring with you to your appointment