



A. Joel Papowitz, MD  
Diplomat, American  
Board of Sleep Medicine

Michael Imevbore, MD FCCP  
Pulmonary Critical Care  
and Sleep Medicine

Walanne Jenkins  
Clinical Manager

West Haven • 203.909.6950  
687 Campbell Avenue West Haven, CT 06516

Hamden • 475.202.6512  
2543 Dixwell Avenue Hamden, CT 06514

PATIENT INSTRUCTIONS FOR SLEEP STUDY

Name \_\_\_\_\_ Sleep Study Date & Time \_\_\_\_\_

**PLEASE FOLLOW THESE INSTRUCTIONS TO INSURE GOOD CONDITIONS FOR THE STUDY**

1. DO NOT drink any caffeinated beverages such as coffee, tea, or COLAs (Coke, Pepsi, Mountain Dew, Jolt etc.) after 12:00 noon on the day of your study.
2. DO NOT drink any alcoholic beverages such as beer, wine, liquors, brandy, etc. after 12:00 noon on the day of your study.
3. DO NOT take any sedatives, or sleep medications on the day of your study unless otherwise advised by a physician. You may take regular medications for heart, blood pressure, lungs or diabetes, etc., but please remember to report all medications recently taken on your bedtime questionnaire.
4. Please refrain from napping on the day of your study. **We want you to come in prepared to sleep.**
5. Please bathe and shampoo your hair prior to arriving at the lab. DO NOT use any hair conditioners, creams, oils on your hair. DO NOT use any makeup, skin creams etc. on your face after washing. DO NOT use nail polish. **Men please come in with face freshly shaven.**
6. Bring nightclothes (pajamas, nightgowns, sweat suit, bathrobe, etc., that open in front if possible) and light reading material.
7. Bring any items you may need to wash and dress in the morning.
8. Pillows and blankets will be provided, however we suggest you bring your own for added comfort.
9. The test is terminated at 6:00 AM-7:00 AM. Please advise the technician if you need to be awakened earlier, if that is your usual routine.
10. Try to arrange a ride both to and from the testing facility, particularly if you experience significant daytime sleepiness.
11. Report to the Sleep Associates of CT testing facility at 687 Campbell Avenue. Press the intercom button to be buzzed in. Enter the Main Lobby and take the elevator to the second floor, which opens in the reception area. Please be seated and a therapist will come to meet you.
12. Please provide 48 hours advance cancellation notice or a fee will be implemented. By signing below you acknowledge that you have read and understand the Cancellation Policy for Sleep Associates of Ct.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

**If you have questions please call Sleep Associates of CT at (203) 909-6950, Monday through Friday, 9:00AM to 5:00PM; after hours and weekends you may leave a message.**