

Sleep Solutions of Fredericksburg

521 Park Hill Drive, Suite B

Fredericksburg, VA 22401

Phone: (540)372-6430

Fax: (540)372-6847

www.sleepsolutionsfred.com

HSAT (Home Sleep Apnea Testing) Appointment

Patient: _____

Date of Service: _____

1. Enter Sleep Solutions of Fredericksburg building; ring the doorbell in the vestibule. Give the technician few minutes to respond in case they're assisting another patient. The technician will respond through the intercom to verify your appointment. You may sit and wait for the technician in the lobby once verified.
2. If the technician is assisting another patient and unable to respond within 5 minutes, come inside the lobby (office hours only), check-in at the front desk and they will directly notify the technician of your arrival.
3. Prior to set up demonstration, you'll be asked to read and sign a consent form. **NO ONE ELSE OTHER THAN THE PATIENT CAN PICK UP THE DEVICE, UNLESS THE PATIENT IS MEDICALLY UNABLE.** Notify the office in advance if someone else is picking up the device, and the name of person picking up the device.
4. The technician will demonstrate how to apply the sensors, turn on/start, stop study, and turn off device. The device comes in a kit which also include an instruction sheet, questionnaire, and a survey form.
5. The recording is only for one night. Return the device the following day no later than noon; however, if done on a Friday, you may drop off the device on either Saturday or Sunday after 8pm at Sleep Solutions of Fredericksburg. In the vestibule (entrance to the lobby is locked) ring the doorbell, once you hear a response from the intercom, tell the technician that you are dropping off the HSAT device.
6. Studies are interpreted within 7-14 business, then the results are faxed over to the interpreting physician to review the test results with the patient.

Patient Signature: _____

Date: _____

Name (If picking up for patient) _____

Date: _____

Relation to Patient: _____