

ZAHIR YOUSAF, M.D., F.C.C.P.

SLEEP DISORDERS CENTER

3995 Old Town Road, Suite 201, Huntingtown MD, 20639

Phone: (410) 535-0666 Fax: (410) 535-3468

Date of Sleep Study: _____

Patient Name: _____

Please download and complete the questionnaire on our website. This must be brought back to the sleep technician when you arrive for your sleep study. The answers to the questions are factored in when reading and scoring your sleep test. Before arriving to your appointment:

- ✓ Take all medication as prescribed throughout the day, do not change anything.
- ✓ If prescribed a sleeping aid, please bring the pill with you. **Do not take it before arriving to the lab.- If the pill was not given to you in advance, the sleep technician will give you the sleep aid when you arrive for the study.**
- ✓ Eat dinner before arriving.
- ✓ Please bring what you wish to sleep in.
- ✓ If you must take a nap during the day, **DO NOT** sleep after **3:00pm**. Please remain awake after 3:00pm.
- ✓ If unable to keep your appointment for the sleep study, please give at least 72 hours of notice, or you may be charged a fee of \$150.00.

A Sleep Study is done in an office setting, therefore, if applicable, a co-pay is required.

If there are any further questions please contact our office during hours at **(410)535-0666**.

Thank You,

Medical Staff