



THE SLEEP DISORDERS CENTERS
of PULMONARY ASSOCIATES

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MIR T. ALI, MD, DABSM

Dear: _____

Your overnight sleep study has been scheduled for _____ at _____ PM. If you need to change this appointment, please call us at least one business day in advance. Otherwise, a \$250.00 **NO-SHOW FEE**, that is not covered by insurance, may be assessed to your account.

For your Study, please arrive at **THE SLEEP DISORDERS CENTER of PULMONARY ASSOCIATES** at:

- 1000 Boulders Parkway, Suite 101, Richmond, Virginia 23225 • (804) 320-4341
- 2354 Colony Crossing Place, Midlothian, Virginia 23112 • (804) 639-9910
- 1603 Santa Rosa Road, Suite 201 Richmond, Virginia 23229 • (804) 282-1373

Upon arrival at **THE SLEEP DISORDERS CENTER**, a Sleep Study technician will greet you and escort you to your room where you can change into pajamas and finish any required paperwork. The Sleep Study consists of recordings of your brainwaves (EEG), breathing, heart rate and rhythm (ECG), oxygen level, eye movements, and leg movements during sleep. The technician will paste several electrodes to your scalp, face, chest, and legs. You will have elastic belts around your chest and abdomen to record breathing, and a finger clasp to check blood oxygen levels. A sensor at your mouth and nose will detect airflow. There are no needle sticks or any painful procedures. You will have your own room and bathroom, and we will make every effort to attend to your comfort and privacy.

Please prepare for your Study by following these steps:

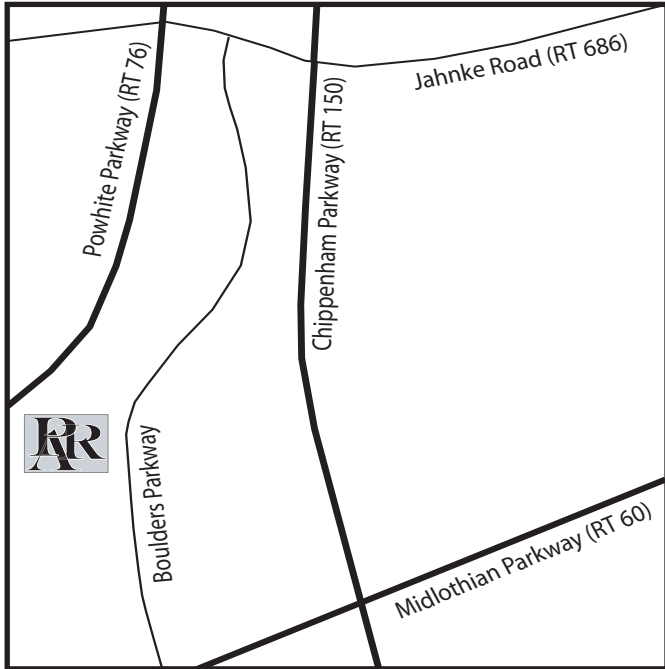
1. Please get up earlier than usual on the morning of the day of your Sleep Study. Usually, getting up at 5 am or 6 am will help ensure that you can sleep at **THE SLEEP DISORDERS CENTER** that night.
2. Try not to nap the day of your Sleep Study.
3. To help obtain a good recording, be sure to wash your hair on the day of your Study to ensure that your hair and scalp are clean.
4. Avoid coffee, tea, cola, chocolate and other caffeinated foods or beverages after 2 pm on the day of your Sleep Study.
5. Eat your dinner before you arrive at the **SLEEP DISORDERS CENTER**. You may bring snacks that are free of caffeine and excess sugar.
6. Please bring a list of all your current medications
7. **BRING WITH YOU ANY MEDICATIONS THAT YOU MIGHT NEED BEFORE YOU LEAVE THE NEXT MORNING INCLUDING INSULIN, SLEEPING PILLS, PAIN MEDICATIONS, ETC.**
8. Bring whatever you normally wear to sleep in (no sleeping in the nude), and your usual overnight things such as a toothbrush, razor, etc. Bring a change of clothes for the morning.
9. If you require assistance with daily functions such as toileting, dressing, getting in and out of bed we require an assistant to remain for the testing with you. We allow only one adult assistant or relative to be in your room during the Sleep Study. This helps to ensure optimum sleeping for you.
10. If you have a favorite pillow or blanket that will help you feel more comfortable, please bring them with you.
11. Remember to bring any questionnaires, diaries, or forms you were asked to complete.

Please call us with any questions. Thank you for entrusting your care to **THE SLEEP DISORDERS CENTER of PULMONARY ASSOCIATES**.

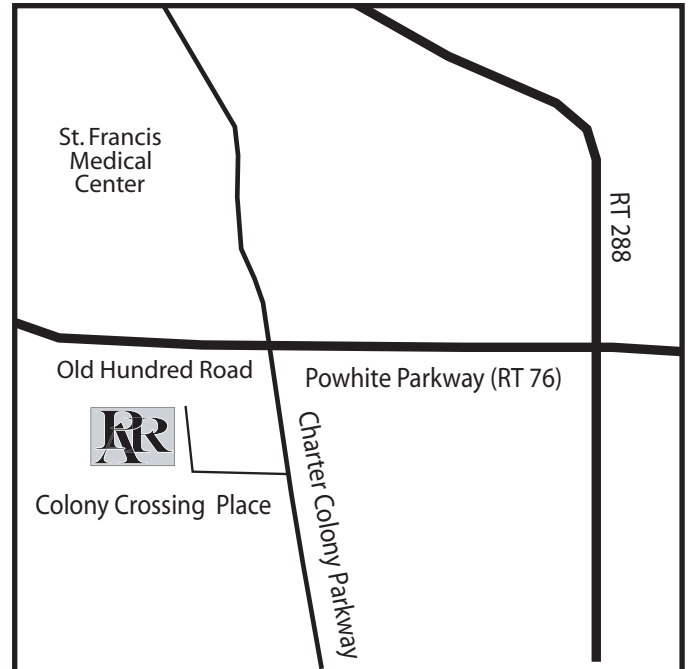


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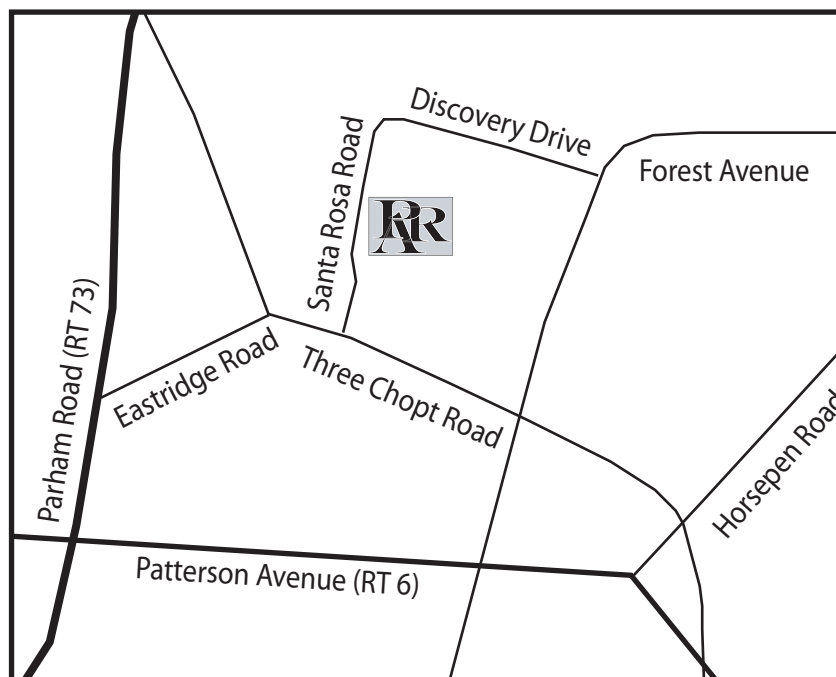
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