



HSAT SLEEP STUDY INSTRUCTION SHEET

You have been scheduled for an over-night Home Sleep Study test ordered by:

_____ to be administered by the St. Tammany Health System Sleep Disorders Center. You are scheduled to pick up the home sleep testing device on:

_____ @ _____.

Please report directly to **80 Gardenia Drive, Suite A, Covington, LA** at your scheduled time. A technician will provide brief instruction on using the device at home. In addition:

- Please bring a **photo ID and medical insurance card**.
- It is important not to apply any nail polish. If possible, please avoid acrylic nails.
- If taking medications, please **list what medications you have taken** or will take on the sheet provided.
- Please avoid caffeine and alcohol after 12pm on the day of the test.
- Anyone can drop the sleep study device off the following day.

(Must be returned before 12 noon, the following day.)

(There is a drop-box available outside to return device)

****Please notify us if you cannot make your appointment or need to make a schedule change within 24 hours of your intended study.** We look forward to meeting you and helping you in restoring your sleep. Feel free to call us at **(985) 871-5987** with any questions or concerns you may have.

**ST. TAMMANY HEALTH SYSTEM SLEEP DISORDERS CENTER
SLEEP DISORDERS CENTER ~ 80 GARDENIA DRIVE ~ SUITE A ~
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