BOICE SLEEP DISORDERS LABORATORY NAVAL MEDICAL CENTER PORTSMOUTH BUILDING 3, 5TH FLOOR, PORTSMOUTH, VA 23708 (757) 953-7781/5694 FAX: (757) 953-7792

Last 4 of SSN#: DOB:

NA	AME:	Last 4 of SSN#: _	DOB:
AP	PPOINTMENT DATE/ TIME:		
MWT:		BETWEEN <u>071</u>	7 <u>15 - 1700</u> HOURS
	order to help your stay at the Sleep La ep study possible, the Sleep Lab Tech		
1.	DO NOT USE CAFFEINE OR AI COFFEE THE MORNING OF Y	-	your study. DO NOT DRINK
2.	Give yourself adequate time for slee	ep on night prior to the s	tudy.
3.	Please shower and shave before coming in for the study. Full beards, goatees, or moustaches are permissible. Hair must be clean and dry. No hair extensions or corn rolls from the scalp. NO CONDITIONERS IN HAIR OR GEL AFTER SHAMPOOING. NO OILS, LOTIONS OR CREAMS ON BODY.		
4.	Discontinue sleep-related medication Sleep Clinic. Please bring a list of Taking. BE SURE AND BRING A	any medications and the	dosage that you are currently
5.	Please wear loose fitting street cloth	hes for your appointmen	t.
6.	You will need to either bring you own food, make sure you do not be a refrigerator and microwave oven	ring anything with caffei	
7.	Please bring something to keep you to work on, etc.) Your study will e		
7.	We would very much appreciate yo appointment date to confirm the ap you might be late or especially if yo LAB A CALL AS SOON AS POS questions or need directions to our	pointment. Most import ou cannot make this app SSIBLE at (757) 953-77	tantly, if for any reason you feel ointment, PLEASE GIVE OUR 781/5694 If you should have any
SI	GNATURE/DATE		