Khoo Teck Puat Hospital
NHG Health

**DEPARTMENT OF MEDICINE**
**RESPIRATORY MEDICINE SERVICE**
**Sleep Study Laboratory**

Patient's Sticky label

Thank you for choosing Khoo Teck Puat Hospital.

Your sleep study appointment is on: _____ (Date) at 7.30pm.

## PATIENT INFORMATION FOR POLYSOMNOGRAPHY TEST

1. Please expect an SMS from sleep lab **TWO WEEKS** prior to appointment date, and a confirmatory SMS from hospital (8028 1092) **SEVEN DAYS** prior.

   Please reply to the confirmatory SMS reminder within **48 HOURS.**

   **Your appointment will be cancelled:**
   - **If there is no reply to the confirmatory SMS reminder within 48 HOURS**
   - **If you have replied to the hospital's confirmatory SMS to cancel your appointment.**

2. If you are unable to keep the above appointment and wish to change the appointment date, please inform us at least **ONE WEEK** in advance. Please call during office hours only (Monday to Friday: 8.30am-5pm) at 6602 3491.

3. Please proceed to the **Patient Service Centre from Monday to Friday (Tower B, Level 1, beside Subway) / Saturday to Sunday (A&E department) at 7.30 pm** on the scheduled date for your sleep study. Arrival after 9.00 pm will result in cancellation of the sleep study. Onsite staff will escort you to the sleep lab.
   Please refer to the map attached at the back of the page.

4. **Visitors are NOT allowed** to accompany the patient throughout the study in order to minimize interference with the recording.

5. Please bring along the **following items:**
   - Identification card
   - Personal toiletries such as toothbrush, toothpaste, body, hair shampoo and pyjamas
   - Regular medications if required

6. You are advised not to apply any hair products onto your hair before coming to the hospital. Please remove any nail vanish or nail art.

7. You are advised not to take caffeinated beverages (eg cocoa drink, coffee, tea, cola) on the appointment day.

Sleep Study Laboratory | Khoo Teck Puat Hospital
Tower A, level 7
+65 6602 3491 (8.30am – 5.00pm)

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8. Please **have your dinner** prior to admission for the test. No meals are provided.

9. You will be **discharged at 7:00am the next morning.** However, if you are scheduled for a multiple sleep latency test (MSLT), you will be discharged at 5pm on the next day instead.

By signing below, I understand and agree to all the above information.

Counselled by:

_____
Name:
Date:

_____
Name:
Date:

