



Barry L. Katchinoff, M.D.

*Diplomate of the American Academy of Neurology
Diplomate of the American Board of Sleep Medicine*

Dear _____:

We look forward to seeing you on _____, _____ at _____ AM/PM

You have been scheduled for the following:

- **MSLT** (Multiple Sleep Latency Test) This is a test where you will have a series of 5 Nap recording sessions throughout the day. There will be an approximate 2 hours of break between each nap sessions. You will be monitored with several skin sensors that record brain waves, eye movements, heart rate and heart activity. You will need to fill out a sleep diary prior to testing and try to get about 8 hours of sleep the night before you come in for testing.
- VIDEO – At any point in the time of testing we feel your sleep activity needs to be recorded, we will record you on video. You will be expected to sign a consent form to give us permission to do so.
- Lunch will be provided to you. However you may bring your own lunch as long as there are no caffeine or chocolate products.
- The study will take approximately 8-10 hours. You may be expected to leave around 4 – 5 pm.

THE DAY OF YOUR TEST

1. Do not drink alcohol.
2. Do not drink caffeine.
3. Have slept more than continuous 6 hours of sleep prior to test.
4. Try to maintain your regular routine.
5. Take your normal maintenance medication as prescribed unless specifically stated by your physician or specialist.
6. The following products should be removed to ensure quality sleep recording:
 - Facial Makeup
 - Body lotion
 - Hair products -i.e. hair spray, hair gel, mousse
 - Corn Rows or Weaves (Techs must be able to get to the scalp, wigs may be worn to the study)

WHAT TO BRING

1. Please complete the enclosed **medical questionnaire, insurance card, ID card or driver's license, patient information sheet and type of payment for co-pays.**
2. If you take maintenance medicine, you must bring your own medication with you. This is an outpatient test so you will have to administer your medication yourself (including insulin).
3. Please be sure to bring comfortable clothing, you will expect to remain awake between each nap sessions.
4. You may want to bring along reading material, laptop, or recreational materials between naps.
5. You may bring a small snack and decaffeinated beverage.

GENERAL INFORMATION

YOU MUST CALL TO CONFIRM YOUR APPOINTMENT AT LEAST 48 HRS PRIOR TO YOUR APPOINTMENT

1. Please verify that your **insurance coverage is current.**
2. If you have an insurance that requires **a referral or an authorization number** please call your Primary Care Physician and/or you're referring MD to initiate it and have it forwarded to **Sleep Diagnostics**. You will be asked to sign a "Waiver of Insurance" if the referral is not available; or reschedule your appointment.
3. A Specialists co pay or % deductible may vary per your insurance plan.
4. This is a **NO SMOKING** facility.
5. If you have an illness, please contact our center to reschedule your appointment. Please give us approximately **24-48** hours prior to the scheduled appointment to avoid late cancellation or reschedule charges. ***SEE OFFICE POLICY***

If you have any questions, please call us at (804) 272-6896.

Sincerely,

Office Staff