**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]
**Date of Birth:** [Insert DOB]
**Medical Record Number:** [Insert MRN]

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**To:** [Insert Referring Physician Name]

**Subject:** Discharge Summary: Narcolepsy Diagnostic Evaluation

Dear [Insert Physician Name],

Your patient, [Patient Name], has completed a comprehensive diagnostic evaluation for suspected narcolepsy at our facility. This evaluation included an overnight Polysomnogram (PSG) followed by a Multiple Sleep Latency Test (MSLT).

**Summary of Findings:**

- **PSG Results:** [Insert brief summary, e.g., No evidence of obstructive sleep apnea; Total sleep time of X hours].
- **MSLT Results:**
  - Mean Sleep Latency: [Insert Value] minutes.
  - Sleep Onset REM Periods (SOREMPs): [Insert Number].

**Diagnosis:**

[Insert Diagnosis, e.g., Narcolepsy Type 1, Narcolepsy Type 2, or Idiopathic Hypersomnia]

**Treatment Plan and Recommendations:**

- **Medication:** [Insert prescribed medications and dosages].
- **Behavioral Interventions:** [Insert recommendations, e.g., scheduled naps, strict sleep hygiene].
- **Safety Precautions:** The patient has been counseled regarding the risks of driving and operating heavy machinery while symptomatic.
- **Follow-up:** The patient is scheduled for a follow-up appointment in our clinic on [Insert Date].

Thank you for the opportunity to participate in the care of this patient. Detailed test reports are attached for your records.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Sleep Center Name]
[Contact Information]