Date: [Date]

Patient Name: [Patient Name]
Appointment Date: [Date of Study]
Arrival Time: [Arrival Time]

Welcome to Your Overnight Sleep Study

Dear [Patient Name],

We are pleased to welcome you to [Facility Name] for your upcoming Overnight Polysomnography (Sleep Study). This diagnostic test is a key step in evaluating your sleep patterns and helping your doctor determine the best treatment for your health.

Location:
[Facility Address]
[Floor/Suite Number]

What to Bring:

- Comfortable loose-fitting pajamas (two-piece preferred).
- Your current medications and a list of dosages.
- Personal toiletries (toothbrush, toothpaste, hairbrush).
- Reading material or a laptop if desired before bed.

Preparation Instructions:

- Avoid caffeine (coffee, tea, soda, chocolate) after 12:00 PM on the day of the study.
- Avoid alcohol on the day of the study.
- Ensure your hair is clean and free of sprays, oils, or gels.
- Eat your normal evening meal before arriving.

What to Expect:
Upon arrival, a sleep technician will greet you and show you to your private room. Small sensors will be placed on your head, face, chest, and legs to monitor your heart rate, breathing, and brain waves while you sleep. These sensors are non-invasive and do not involve needles.

The study typically concludes between 6:00 AM and 7:00 AM the following morning.

If you need to cancel or reschedule, please contact us at [Phone Number] at least [24/48] hours in advance to avoid a cancellation fee.

We look forward to seeing you.

Sincerely,

[Staff Name/Department]
[Facility Name]
[Phone Number]