[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to Your Home Sleep Apnea Test

Dear [Patient Name],

Thank you for choosing [Clinic/Facility Name] for your diagnostic sleep services. We are pleased to provide you with your Home Sleep Apnea Test (HSAT) kit.

The goal of this test is to monitor your breathing and oxygen levels while you sleep in the comfort of your own home. This information will help your physician determine if you have obstructive sleep apnea or other sleep-related breathing disorders.

Your Testing Kit Includes:

- Testing device and sensors
- Step-by-step instruction guide
- Contact information for technical support
- Return packaging and instructions

Important Instructions:

- Please perform the test on the night of: **[Insert Date]**.
- Avoid caffeine and alcohol on the day of the test.
- Do not take any naps on the day of the test.
- Apply the sensors as shown in the provided guide just before you go to bed.

Returning the Device:

The equipment must be returned to our office by **[Insert Time]** on **[Insert Return Date]** so that we can download and analyze your data. You may return it to: [Insert Return Address/Location].

If you have any questions or experience technical difficulties during the setup, please call us at [Phone Number].

We look forward to helping you achieve a better night's sleep.

Sincerely,

[Staff Name/Sleep Department]
[Clinic/Facility Name]