

Thank you for scheduling your sleep study with BayCare Sleep Centers. We appreciate you choosing us to provide your care. Your appointment date, time, campus and campus instructions are below. An after-hour clinical line is provided for each campus in case you need to contact us on the date of your test. It is important that you show up at the time you are scheduled. If you arrive earlier than your appointment time, you may be required to wait since the technologist will likely be attending to another patient.

Bardmoor Sleep Center

Bardmoor Medical Arts Building
8839 Bryan Dairy Road, Suite 210, Largo, FL 33777

If reporting for **daytime sleep testing** or picking up a home sleep test, please proceed towards the main entrance of the Medical Arts Building and take the elevators located on the left to the second floor to Suite 210. If reporting for a **sleep study at night**, the main entrance will be locked. Facing the building, follow the sidewalk around the right side of the building. Go to the side door and press the intercom, and a technologist will respond and allow entry. Please advise the technologist if you need any assistance. After entering the building, take the hallway to the right until you reach the elevators. Take the elevator to the second floor to Suite 210. Our after-hours phone number is 727-394-5310.

Please follow these instructions on the day of your test:

- ✓ Shower, wash and dry your hair (but do not put any styling products on your hair) prior to your appointment.
- ✓ Allow access to your scalp, you may need to remove your hairpiece, hair weave, etc.
- ✓ Remove acrylic nails, gel polish or nail coverings on dominant hand as this could interfere with testing.

Please bring these items with you on the day of your test:

- ✓ Loose fitting two-piece sleepwear (no one-piece nightwear); must sleep in clothing
- ✓ Bedroom slippers or other footwear to avoid walking barefoot
- ✓ Items to make you comfortable (book, your own pillow, etc.)
- ✓ Medications needed, including sleep aids (if approved by referring physician)
- ✓ Completed medication sheet
- ✓ Legal identification (e.g. drivers license, etc) and insurance cards

Insurance Notice: If your insurance requires authorization, we will coordinate the authorization for your sleep study with your doctor. If we have any problems obtaining authorization, we will contact you prior to your appointment date. Authorization requirements do not determine whether you may have a co-payment, deductible and/or co-insurance. Our scheduling staff can answer any questions regarding your insurance and provide you with an estimated cost (if applicable). You may contact your insurance company regarding your payment responsibilities if you are concerned.

We will call you the day before your study to confirm your appointment to answer any questions you may have.

Cancellations:

A 24-hour notice is expected for all cancellations. Please call us before your scheduled appointment date if you are unable to attend for any reason. This allows the available slot to be filled by another patient.



BayCare
Sleep Disorders
Centers

Sleep Disorders Centers Medication History

Name

Date of Birth

Allergies

Medication	Reaction

Current Prescription & Over-the-Counter Medications

Drug Name (List only those meds currently being taken)	Dose (milligrams, grams, #)	Route (by mouth, patch, etc.)	How Often (ex. Daily, 2 x day, 4 x day)	Reason for taking medication	Last Dose (mm/dd & Time)

Please complete this form and bring with you to your appointment