

Dear _____,

You are scheduled for a consultation with sleep panel physician _____ on _____, at _____. **If you have managed care (HMO) insurance, please notify your primary care physician's office so that they may generate a referral for this office visit.** If the referral is not received before your office visit, you will need to reschedule the consult. If you are unable to keep your appointment a 24-hour advance notice would be appreciated.

Enclosed in your packet is a patient registration form, physician office consent, medical history questionnaire, and a sleep diary. The sleep diary is to be kept for at least two weeks prior to your appointment. The sleep diary is a helpful form to access your sleep habits, it is not meant to cause unnecessary stress. Please do not lose sleep over this form. **Please bring these completed forms along with your current insurance cards and drivers license with you to your consult. Please arrive 15 minutes before your appointment to fill out any additional paperwork not included in your packet.**

Also enclosed is a map with directions to the office. Please note that the Sleep Disorders Center is not located in the hospital or Medical Office Building.

Following the consultation you will be given a tour of the facility along with a thorough explanation of the overnight sleep study procedure to be scheduled.

If you have any questions, please call (248) 371-1726.

Thank you for choosing St. Joseph Mercy Oakland as your health care provider.

Sleep Disorders Center

3100 Cross Creek Parkway, Suite 210
Auburn Hills, Michigan 48326
Office: 248/371-1726
Fax: 248/371-1835

