

Sleep Lab Checklist for Home Sleep Study patients

Scheduled home sleep study date: _____

Patient: _____

1. **Location of Sleep study: 14040 Hospital Road, Boys Town NE 68010**

This is the “middle door” of the three visible entrances

Phone: 531-355-6895

2. The arrival time for sleep study is 6:30pm.
3. **Home Sleep Test device must be returned by 9am the following morning, please bring all items back. If unable to comply with this, please call to reschedule.**
4. Please attempt to keep the usual bedtime.
5. No caffeine after 1pm on day of study.
6. No naps on day of study.
7. **Please call if you have fever, cough, shortness of breath or difficulty breathing we can reschedule if needed. Please contact your physician with concerns about any of the above symptoms.**