

Sleep Study Procedure Explanation

Dear [Patient's Name],

We are writing to provide you with an overview of your upcoming sleep study, also known as polysomnography. This procedure is designed to monitor various body functions while you sleep, including brain activity, eye movement, heart rate, and more.

What to Expect:

- **Appointment Time:** Please arrive at [Time] on [Date].
- **Location:** [Facility Name and Address]
- **Duration:** The study typically lasts overnight, from [Start Time] to [End Time].

Preparation Instructions:

- Do not consume caffeine or alcohol the day of the study.
- Please bring comfortable sleepwear and toiletries.
- Continue taking your prescribed medications as usual.

During the Study:

Once you arrive, our trained technicians will prepare you for the study by placing electrodes on your scalp and body. These sensors are painless and will allow us to monitor your sleep patterns.

After the Study:

Once the study is complete, you will be free to leave. Our doctors will review the data, and you will receive results in about [Timeframe].

If you have any questions or concerns, please do not hesitate to reach out to us at [Contact Information].

Thank you for choosing [Facility Name]. We look forward to assisting you with your sleep study.

Sincerely,

[Your Name]

[Your Position]

[Facility Name]