

**DEPARTMENT OF MEDICINE  
RESPIRATORY MEDICINE SERVICE  
Sleep Study Laboratory**

Patient's Sticky label

Thank you for choosing Khoo Teck Puat Hospital.

Your sleep study appointment is on: \_\_\_\_\_ (Date) at 7.30pm.

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**PATIENT INFORMATION FOR POLYSOMNOGRAPHY TEST**

1. Please expect an SMS from sleep lab (6602 3491) **TWO WEEKS** prior to appointment date, and a confirmatory SMS from hospital (8028 1092) **SEVEN DAYS** prior.

Please reply to the confirmatory SMS reminder within **48 HOURS**.

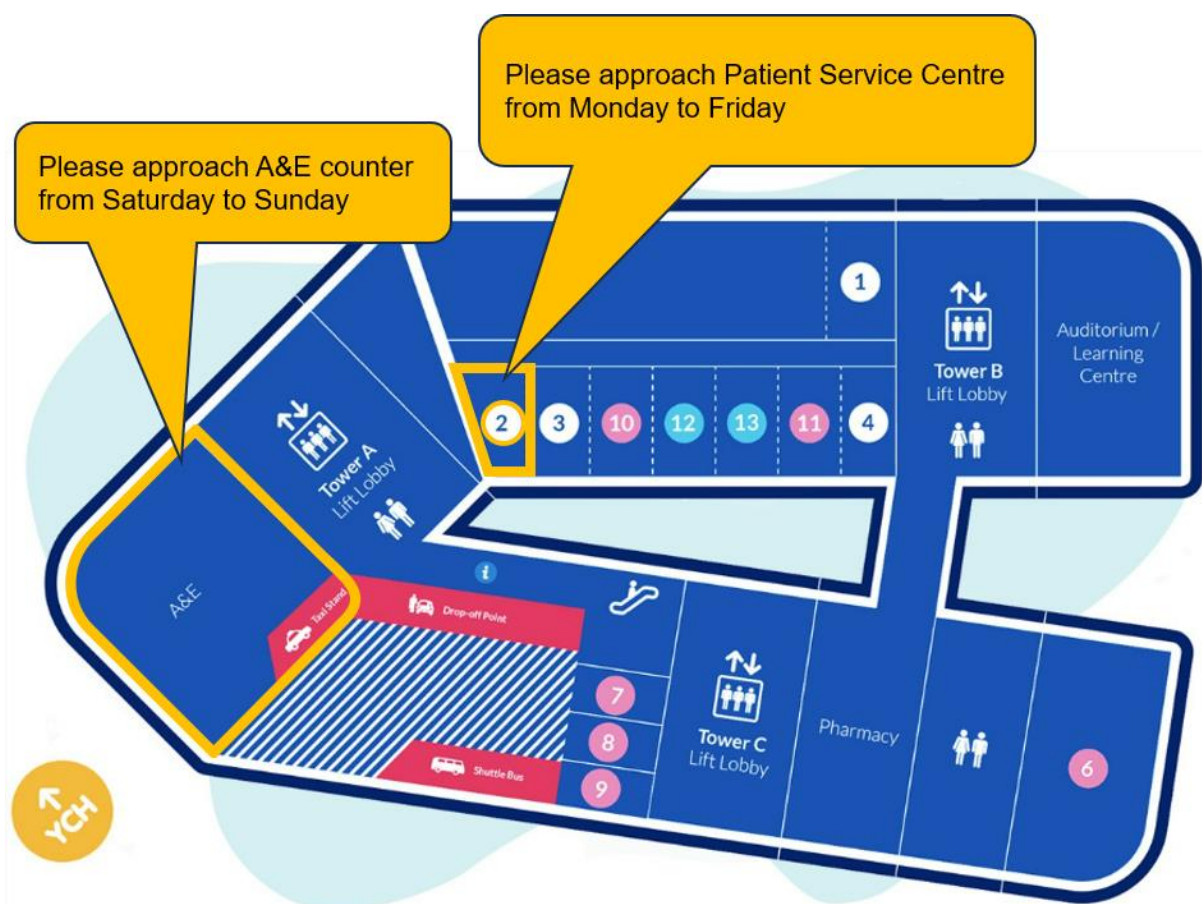
**Your appointment will be cancelled if there is no reply to the confirmatory SMS reminder within 48 HOURS.**

2. If you are unable to keep the above appointment and wish to change the appointment date, please inform us at least **ONE WEEK** in advance. Please call during office hours only (Monday to Friday: 8.30am-5pm) at 6602 3491.
3. Please proceed to the **Patient Service Centre from Monday to Friday (Tower B, Level 1, beside Subway) / Saturday to Sunday (A&E department) at 7.30 pm** on the scheduled date for your sleep study. Arrival after 9.00 pm will result in cancellation of the sleep study. Onsite staff will escort you to the sleep lab.  
Please refer to the map attached at the back of the page.
4. **Visitors are NOT allowed** to accompany the patient throughout the study in order to minimize interference with the recording.
5. Please bring along the **following items**:
  - Identification card
  - Personal toiletries such as toothbrush, toothpaste, body, hair shampoo and pyjamas
  - Regular medications if required
6. You are advised not to apply any hair products onto your hair before coming to the hospital. Please remove any nail varnish or nail art.
7. You are advised not to take caffeinated beverages (eg cocoa drink, coffee, tea, cola) on the appointment day.
8. Please **have your dinner** prior to admission for the test. No meals are provided.
9. You will be **discharged at 8:00am the next morning**. However, if you are scheduled for a multiple sleep latency test (MSLT), you will be discharged at 5pm on the next day instead.

By signing below, I understand and agree to all the above information. Counsellor by:

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_



**Legend:**

**Hospital Services**

- ① Medical Social Service
- ② Patient Service Centre
- ③ Discharge Lounge
- ④ Ward Visitor Registration Centre

**F&B**

- ⑥ Kopitiam
- ⑦ Mr Bean
- ⑧ TripletS
- ⑨ Tomoro Coffee
- ⑩ Subway
- ⑪ Kaffe & Toast

**Retail**

- ⑫ NHG Retail Pharmacy
- ⑬ FairpriceXpress