

**Torrance Memorial Medical Center
McMillen Medical Building
Sleep Disorders Center
3333 Skypark Drive, Suite #120
Torrance , CA 90505
310-517-4617**

Name: _____

Appointment Date: _____ at _____

This is an appointment confirmation letter for your sleep study scheduled at our sleep disorders center where a **PSG (Polysomnogram)** and **CPAP (Continuous Positive Airway Pressure) titration study** (if applicable) will be performed.

During the **CPAP** study, a small airtight mask is used which fits over the nose to deliver air and maintain breathing throughout the night. The technician will demonstrate the mask for you before the study begins. Different size masks may be tried and various air pressures are tested to determine which is most comfortable and effective for you.

Please pre-register prior to your appointment by calling 310-517-4754

What To Bring:

Please bring your own pajamas, your favorite pillow, any needed medications, completed paperwork, identification, and insurance cards. **Leave all valuables at home. (Cash, jewelry, electronics, etc.) Certain electronics interfere with our computer systems.**

The Day Of Your Sleep Study:

Please eat before arriving at the sleep center. There is no food provided and there are no vending machines onsite. **Do not** drink beverages/eat food (chocolate) containing caffeine (coffee, cola, tea, etc.) or alcohol (beer, wine, etc) after 1:00 PM.

Please shower/bathe and wash your hair to remove any surface oil. **Do not** use hair spray, oil, gel or hair dressing of any kind after shampooing your hair.

What To Expect:

The technician will explain the procedure to you on the night of your study. You will be woken and can expect to leave between the hours of 5 and 6 AM the following day.

Your test results will be sent to your referring doctor 5-7 business days after you complete your sleep study. Please plan on making a follow up appointment with your doctor at that time.

We request that all patients under the age of 18 be accompanied by the patient's parent/guardian for the duration of the test.

Please call us **as soon as possible (310) 517-4617** if you wish to cancel or reschedule your appointment. We appreciate as much advance notice as possible, as we must staff to ensure the proper staff to patient ratio.

If you have any questions please call us at the **Sleep Disorders Center (310) 517-4617.**