

Kaiser Permanente Roseville Medical Center

Overnight Sleep Study

You have been scheduled for an overnight sleep study in the Kaiser Permanente Roseville Sleep Medicine department. **We are located within the Roseville Medical Center campus in Building C (Medical Office Building 2) on the 4th floor. Follow the signs to the Neurology department's waiting room where check in to Sleep Medicine will occur.** Please

plan on arriving within 15 minutes of your appointment time.

Appointment Date: _____

Appointment Time: _____

If you need to reschedule your appointment for any reason (cold, flu or nasal allergies, etc.) please call us at (916) 474-6383 within 48 hours of your appointment date to cancel or reschedule. Our phone hours are 7:30am-3:30pm, Monday through Friday. For questions and/or appointment cancellations on the evening of your sleep study, sleep technologists are available to assist 30 minutes prior to your appointment time at (916) 474-6383.

IMPORTANT: Depending on your health coverage plan and included benefits, you may receive a bill for the services provided. For detailed information regarding your health plan coverage and/or co-pay information, call Member Services at (800) 464-4000. For Deductible Plan members, please call the Deductible Services Team for help with cost estimates at (800) 390-3507.

At Kaiser Permanente, we want you to have the high-quality care and service you've come to expect from us - every time you visit. If you have concerns about the safety and quality of care you received, please let us know right away. Contact phone numbers are listed on page five.

Please review the attached patient instructions and travel directions. You will need to sign and bring this letter to your appointment, assuring us that you understand and agree to abide by the Sleep Department Policy and Protocols.

Patient/Parent/Guardian

Date

INSTRUCTIONS PRIOR TO ARRIVAL

TO DO	DO NOT
<ul style="list-style-type: none">▪ Bring appropriate sleeping attire and slippers▪ Personal pillow, if you wish▪ Regular medication as prescribed by your doctor, unless directed.▪ Change of clothes▪ Shower and shampoo prior to arriving (see DO NOT list for further information)▪ Make sure hair is dry▪ Toiletry items such as toothbrush/toothpaste, shampoo/conditioner for morning after study (gel is used during sleep study)▪ Please have a light dinner prior to arriving	<ul style="list-style-type: none">▪ Do not use conditioner in hair▪ Do not use hair products (hair spray, gel, mouse, etc.)▪ Do not use body or face lotions▪ Do not use any sleep aids (prescribed or over the counter) prior to arrival▪ Do not bring sleeping attire that will make you hot (please bring light sleeping attire)

Setup prior to bedtime will take about one hour. This study includes an audio and video taping for the physician to better evaluate the study. You will find a Video Consent Form at the end of this packet. Please fill this out and bring the completed form with you on the night of the sleep study.

Medicines cannot be administered by the sleep technologist

INSTRUCTIONS UPON ARRIVAL

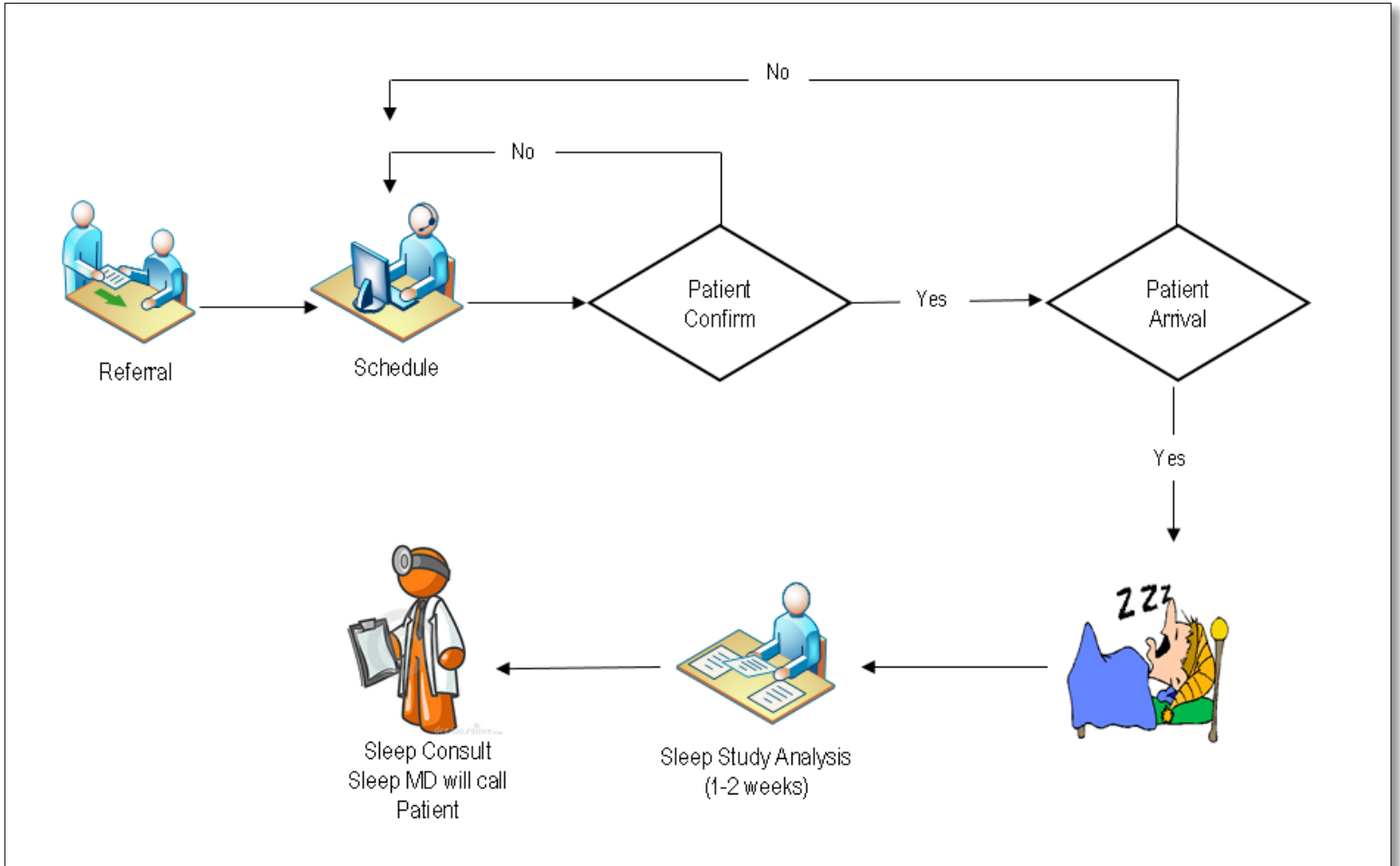
The best place to park is the parking structure closest to Douglas Boulevard. Your sleep study will occur in Building C (Medical Office Building 2). To enter Building C, (MOB 2), the best entrance is the sliding double-doors located closest to the parking garage. If you park anywhere else other than the parking garage, you will need to make your way to the left side (West end entrance) of the building. If the doors do not automatically open, you will need to press the button on the box that is located to the right of the sliding double-doors. This button will alert security and you will be let into the building.

Once you are inside, take the elevator to the 4th floor and follow signage to the Neurology department waiting room. The Sleep Medicine department is located within the Neurology department.

If you have any questions or problems, getting to the Sleep Medicine department, please call the Sleep Technologist Desk at (916) 474-6383.



STANDARD EVALUATION FLOW



IMPORTANT CONTACT INFORMATION

ADDRESS

Kaiser Permanente,
Roseville Medical Center
Building C (MOB 2)
1600 Eureka Road
Roseville, CA 95661

RESCHEDULING (prior to 48 hours)
(916) 474-6383
7:30 a.m. – 3:30 p.m., Mon-Fri

EVENING OF APPOINTMENT

Roseville Sleep Medicine department
(916) 474-6383
Sleep Technician Desk
(916) 474-6383

MEMBER SERVICES

(800) 464-4000 or 711 (TTY for the deaf, hard of hearing, or speech impaired)

DEDUCTABLE SERVICE TEAM

for help with cost estimates:
(800) 390-3507

MEDICAL FINANCIAL ASSISTANCE

(866) 399-7696
8:00 a.m. – 5:00 p.m., Mon-Fri

Accreditation Commission for Health Care (ACHC)
(855) 937-2242

DRIVING DIRECTIONS

From South Sacramento:

99-N toward Sacramento, merge onto Capital City Freeway. Capital City Freeway becomes I-80E. Take the Eureka Road exit. Merge right onto Eureka Road, turn right into Rocky Ridge Road, turn left into Roseville Medical Center campus; follow enclosed campus map to Bldg. C, MOB2.

From North Sacramento:

I-80W toward Sacramento, take the Eureka Road exit. Turn slight right; go over freeway onto Eureka Road/Historic US-40 Route. Continue to follow Eureka Road. Turn right onto Rocky Ridge Road, turn left into Roseville Medical Center campus; follow enclosed campus map to Bldg. C, MOB2.

From San Francisco/Fairfield:

I-80 E towards Sacramento/Reno. Take the Eureka Road exit. Merge right onto Eureka Road, turn right into Rocky Ridge Road, turn left into Roseville Medical Center campus; follow enclosed campus map to Bldg. C, MOB2.

From Rancho Cordova:

I-80 E towards Reno. Take the Eureka Road exit. Merge right onto Eureka Road, turn right into Rocky Ridge Road, turn left into Roseville Medical Center campus; follow enclosed campus map to Bldg. C, MOB2.

Video Consent Form

Name: _____

MRN: _____

Date: _____

You have chosen Kaiser's Roseville Sleep Medicine department to diagnose and treat your sleep disorder. To get an accurate diagnosis, video monitoring will be obtained during your testing. The video will only be used and seen by the technicians and your physicians to further aid in your diagnosis. The video will not be used in any other way.

I, _____ am aware that I am being videotaped for the intended purpose of the testing.

Signature of Patient

Date

Witness

Date