

McLaren Print System Order

Order No: 6164
Order Date: 2014-09-30
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Ship Location: McLaren Sleep Center - Clarkston
5701 Bow Pointe Dr., Suite 355
Clarkston, MI 48346

Forms

Quantity: 500
Paragon Dept No: 8300
Dept Name: Sleep Diagnostic Center- Clarkston
Company Number: 310

Order Total Price: 0.00

Form Number: MO-17043-C
Form Description: Study Summary
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLAREN SLEEP DIAGNOSTIC CENTER
STUDY SUMMARY

Date: ___/___/___ Room #: _____ Study Type: _____
Patient: _____ Tech assigned: _____
Patient Questions or other: Q/No Q/No Explain: _____
Usual Bedtime: _____ a.m./p.m. Usual Wake Time: _____ a.m./p.m. Rescheduled Wake Time: _____ a.m./p.m.
Sleep Study Begin: _____ a.m./p.m.
If < 30 minutes for test, please explain: _____

Please describe your observation of the patient and any pertinent information regarding the sleep study:

Sleep Order Epoch #: _____ REM Order Epoch #: _____
Respiratory Events: _____
Oxygen: Current Home O2: _____ lpm DME: _____ Baseline O2: _____
O2 Required during the study: _____ lpm Lower O2 Description: _____
PMS: Q/absent Q/occasional Q/frequent
SAG: Q/normal sinus rhythm Q/arrhythmias
Sleep Efficiency: _____ % (per what was pr. completed?) _____
Mechanical problems or unacceptable artifact: _____

CPAP/BIPAP LEVEL TITRATION
Final Pressure: _____ cm
Did the pressure appear adequate? Q/Yes Q/No Explain: _____

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