

McLaren Print System Order

Order No: 8213
Order Date: 2015-01-14
User: Janice Ashley
Phone: 810-342-3900

Ship Location: SLEEP CENTER/ JANICE ASHLEY
g-3200 Beecher Rd Suite ZZZ
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 36110
Dept Name: SLEEP DIAGNOSTIC CENTER
Company Number: 60

Order Total Price: 0.00

Item Number: 17043
Item Description: Study Summary
Revision Date: 7/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Print
SLEEP DIAGNOSTIC CENTER
STUDY SUMMARY

Date: ____/____/____ Room # _____ Study Type: _____
Patient _____ Tech Assigned _____
Patient Questionnaire on chart: Yes No Explain: _____
Usual Bedtime: ____ a.m. / p.m. Usual Wake time: ____ a.m. / p.m. Requested Wake Time: ____ a.m. / p.m.
Sleep Study Begin: ____ a.m. / p.m.
If > 30 minutes later than usual, please explain: _____

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

Sleep Onset Epoch # _____ REM Onset Epoch # _____
Respiratory Events: _____
Oxygen: Current Home O2 _____ lpm OME _____ Baseline O2 _____
O2 Required during this study: _____ lpm Lowest O2 Desaturation _____
PLME: absent occasional frequent
ECG: Normal sinus rhythm arrhythmias
Sleep Efficiency _____ If poor, what were pt. complaints? _____
Mechanical problems or uncomfortable affect: _____

CPAP/BILEVEL STRATON
Final Pressure: _____ cmH₂O
Did final pressure appear adequate? Yes No Explain: _____