The Sleep Center
UINTAH BASIN HEALTHCARE

SLEEP STUDY CONSENT FORM

- My physician has informed me that I need a sleep study performed, specifically,

  _____

  (name of test)

  in the interest of my health and proper medical care.

- My physician has explained the sleep study to me and the benefits and risks of having the test performed.
- My physician has explained to me that I may need nasal CPAP (Continuous Positive Airway Pressure) therapy during the sleep study.
- I have had the opportunity to ask questions, and I consent to the sleep study.

Signature of Patient: _____

Date: _____ Time: _____ AM/PM

Signature of Parent/Conservator/Guardian: _____

Indicate Relationship: _____

Witness: _____