

Village Sleep Lab & Breathing Center
1400 N. U.S. Hwy 441 Ste. 946
The Villages, FL 32159
(P) 352-751-4955 (F) 888-716-2004

Name: _____

Date: _____

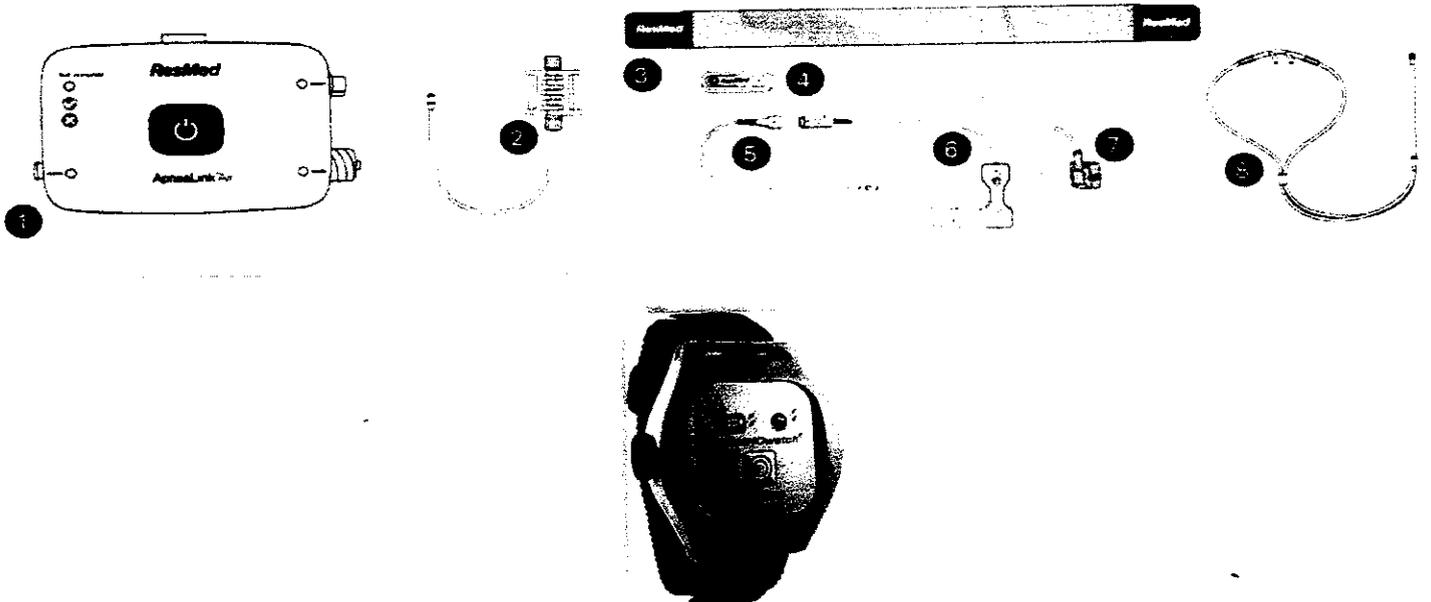
Physician: _____

DOB: _____

ApneaLink Complete Kit Serial Number # 202050075020

(Includes Box, Belt, Finger Probe, Effort Sensor, Cannula)

Somnowatch Actigraphy Watch



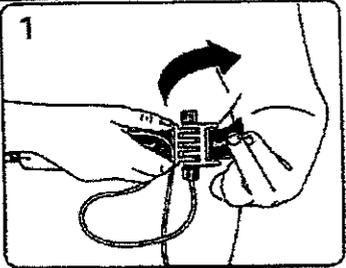
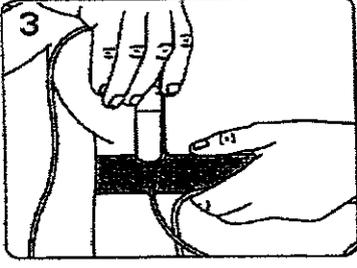
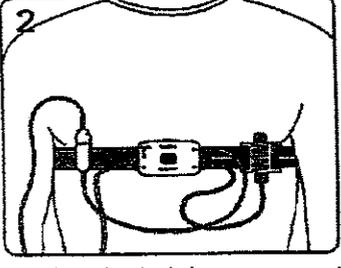
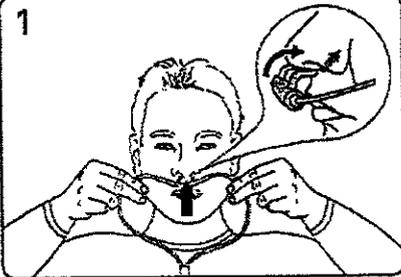
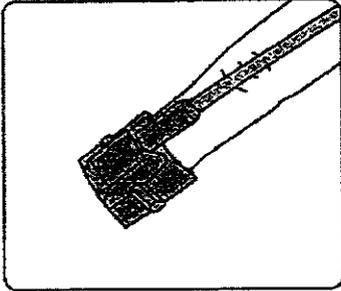
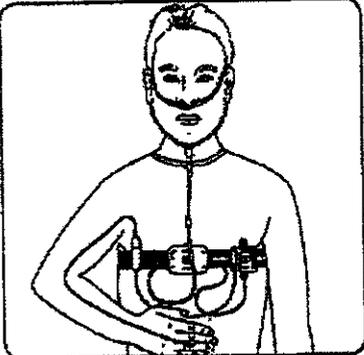
Your Physician has ordered a Home Sleep Test for you. The home sleep test is designed to test for obstructive sleep apnea by measuring (directly or indirectly) airflow, work of breathing, heart rate, oxygen levels and limb movement.

I _____, have received full instructions on the use of the ApneaLink and Somnowatch devices and have received this complete kit to take home. I agree to return these devices to Village Sleep Lab & Breathing Center with-in ONE DAY of receiving them. I understand if I refuse to do so, I will be charged \$3500 for the cost of both devices.

Signature: _____

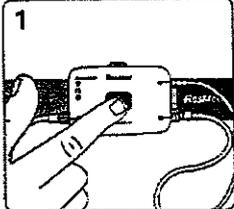
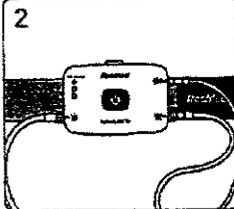
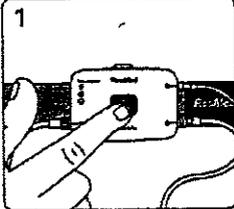
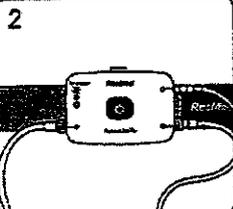
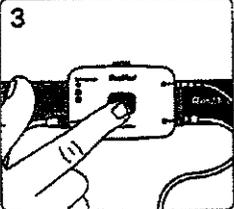
Date: _____

Home sleep Apnea Test – Basic Instructions ApneaLink Air

 <p>1</p> <p>Pull the belt around your body. Thread the end of the belt through the slot of the effort sensor and fasten the tab to the belt.</p>	 <p>3</p> <p>Slide the Oximeter clip on to the belt. The clip should be worn on the same side of your body as the Oximeter finger sensor.</p>	 <p>2</p> <p>Check that the belt is secure and comfortable and that the device is positioned over the center of your chest.</p>
 <p>1</p> <p>Insert the prongs into your nostrils. Make sure the curved side is pointed towards the back of your nose. Then loop the plastic tubing around your ears.</p>	 <p>Fit the finger sensor over the index finger of your non dominant hand as shown.</p>	 <p>When properly set up, the full system looks like this.</p>

Starting the Test

Stopping the Test- check if test complete

 <p>1</p> <p>Press and hold the power button on the center of the device for about three seconds or until the lights turn on.</p>	 <p>2</p> <p>Check that lights next to the accessories you are using are green. If lights are red, the accessories are not attached correctly.</p>	 <p>1</p> <p>Press the button for about three seconds.</p>	 <p>2</p> <p>Check that the test complete indicator light is lit and green. This means the test is complete.</p>	 <p>3</p> <p>Press and hold the power button for three seconds to turn off the device.</p>
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In the event of an emergency please call 911
After Hours Tech support: 352 751-4955

When the test is completed:

1. Remove the cannula from nose.
2. Remove probe from Index finger.
3. Remove the belt from your body.
4. Very carefully put Sleep device and all sensors in bag.

DATE RETURNED: _____

SIGNATURE: _____

DO NOT disconnect any connectors from Apnea Link Device.
DO NOT attempt to clean the device.

Sleep Diary For HSAT

Patient Name: _____

Date: _____

Time went to Bed: _____

Enter Time below and check if Restroom or Other (Read, Snack, TV etc.)

<u>Time</u>	✓ <u>Restroom</u>	✓ <u>Other</u>

Wake up Time: _____

Signature: _____

<https://resmedwebinars.com/apnealink-air/videos/how-to-use-the-apnealink-air-home-sleep-testing-device>