

McLaren Print System Order

Order No: 46880
Order Date: 2019-07-10
User: Bill Bader
Phone: 2489226840

Ship Location: McLaren Clarkston Sleep Center, Suite 355
5701 Bow Pointe Dr Suite 355
Clarkston, MI 48346

Forms

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

Order Total Price: 0.00

Item Number: MO-17043
Item 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
Misc Info:

McLAREN SLEEP DIAGNOSTIC CENTER
STUDY SUMMARY

Date: / / Room #: Study Type:
Patient: Tech Assigned:
Patient Questionnaire on chart: Q/No Q/No Explain:
Usual Bedtime: a.m./p.m. Usual Wake Time: a.m./p.m. Suspended Wake Time: a.m./p.m.
Sleep Study Begin: a.m./p.m.
If > 30 minutes late from usual, 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 Desaturation:
Pulse: Q/Normal Q/Abnormal Q/Frequent
SNG: Q/Normal sinus rhythm Q/Arrhythmias
Sleep Efficiency: % (per what were pt complaints?)
Mechanical problems or uncomfortable artifact:

Spec Info:

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

STUDY SUMMARY
Written by:
01
02
03