

Sleep Study Follow Up

Thank you for allowing us to take care of your child.

>> PLEASE BRING YOUR CHILD WITH YOU TO THIS APPOINTMENT <<

Your Technician last night was: _____

If you were referred by one of the providers listed below, please follow up with that referring provider for your results.

Pulmonology— Kreth, Ledbetter, Moser

HEAL — Jack

Craniofacial — Thurston

Any ENT — Bookout (East Ridge ENT), St. Charles (Assoc in ENT), Sokohl (Assoc in ENT), Clairmont (Clairmont ENT in Cleveland), Goff (Gordon ENT), and Dinges (Dalton ENT).

No results will be given to you via phone. You will need a follow up appointment to get the results of the sleep study.

Your follow up appointment:

Erlanger provider: _____

Date: _____ Time: _____

OR

_____ Please follow up with your referring physician to schedule an appointment at their office for sleep results.

If you have any scheduling questions or issues please call the *Scheduling Sleep Line* at **(423) 778-4772.**