Your Hospital's Logo Here

SLEEP DISORDERS INSTITUTE

HOSPITAL: DePaul Building Street Address City, State Zip

Tel: (202) 555 - 1212 Fax: (202) 555 - 1212

PRELIMINARY LAB REPORT

NOTICE: This preliminary report provides the rapid delivery of sleep laboratory test results to referring physicians and insurance providers. It offers a brief summary that is generated prior to the transcription of the dictated report. A full polysomnographic report will be available upon completion, which is expected within five (5) business days following case review.

PATIENT NAME:			DATE OF SLEEP STUDY:
MR #:	ACCOUNT #:	SDI I	IDENTIFICATION #:
IMPRESSIONS:			
DOCTOR'S SIGNATURE:		NAME (Print)	