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Consent for polysomnography, treatment, and video recording

I, undersigned, hereby give my general consent for routine polysomnography (sleep study) that includes diagnostic polysomnogram (NPSG), positive airway pressure trial (PAP trial), multiple sleep latency test (MSLT), and maintenance of wakefulness test (MWT) performed by a polysomnography technician.

During the routine sleep study of any kind, part or all of my sleep will be video recorded for diagnostic purposes and to optimize my treatment. If no pertinent findings are noted on my recording then my video recording will be deleted to save data space.

Name (print): _____ DOB: _____

Signature: _____ Date: _____