



# Michigan Heart Sleep Center

## **MICHIGAN HEART SLEEP CENTER**

760 W. Eisenhower Pkwy  
Ann Arbor, MI 48103  
Phone: (734) 622-8460  
Toll Free: 866-363-7535  
Fax: 734-622-8497

## **CONSENT FORM**

Date: \_\_\_\_\_

I authorize a Sleep Study (procedure type) to be performed on \_\_\_\_\_ (patient name) under the medical direction of Dr. Tom Gravelyn. The nature and purpose of this as well as the risks involved and possible complications have been fully explained to me. No individual with Michigan Heart Sleep Center (facility) or the physician's office has given me a guarantee or assurance as to the results that maybe attained. I have been informed prior to tonight that the technician performing the study may be of the opposite sex and have agreed to continue with the test. I understand a photograph will be taken and that video monitoring and recording will be performed as part of the diagnostic test. I hereby give permission to release any medical information on myself that may be deemed necessary as part of this procedure. I also understand and consent to the results of this procedure being released to other physicians as deemed necessary in my continued care. I consent to the release of medical records in the process of filing insurance claims. I understand the billing of this procedure will be managed by Michigan Heart PC. Any benefits paid on my behalf, will be paid to Michigan Heart PC. I understand that a separate bill will be filed for the interpretation by the interpreting physician.

\_\_\_\_\_  
(Patient or guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date