1. **ALLERGIES/REACTIONS:**

2. **PROCEDURE:**

   **DATE:** ____________________ **TIME:** ____________________

3. **MEDICATION:**

   - [ ] Zolpidem (Ambien) 5 mg PO times 1 dose at bedtime PRN insomnia. May repeat times 1 dose if ineffective.

4. The PSG technician will call and fax this signed order to the pharmacy. The medication is to be administered by the Pharmacist or the Nursing Supervisor.

**NOTE:** These orders should be reviewed by the attending physician/midwife, appropriately modified for the individual patient, dated, timed and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. [ ]