Sleep EZ Family and Sleep Health LLC

13241 Bartram Park Blvd

Suite 2009 and 2013

Jacksonville, FL 32258

To whom it may concern:

I _____ (DOB) _____, allow, Farid Ahmed. MD, at Sleep EZ Family and Sleep Health LLC to give me _____ mg, before my sleep study today_____.

I waive, Farid Ahmed MD and Sleep EZ Family and Sleep Health LLC from any responsibility, for the side effects of the above medication given to me including, but not limited to excessive sedation, daytime drowsiness, sleep eating, sleep walking, etc.

I further endorse that I will be picked up in the morning the next day, _____, around 6:00 AM from Sleep EZ Family and Sleep Health LLC, to return home or to work by my family, friends, and/or loved ones.

I also agree, I will not drive or take part in any activities that require concentration while I am under the influence of the above medication given to me in the sleep laboratory on _____.

Signature: _____

Print: _____

Date: _____