

Date: [Insert Date]

To: [Referring Physician Name]

Clinic: [Referring Clinic Name]

Fax/Address: [Insert Contact Info]

RE: CPAP Consultation and Sleep Study Evaluation

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Study: [Insert Date of Study]

Dear Dr. [Last Name],

I had the pleasure of evaluating [Patient Name] for a pulmonary sleep consultation regarding suspected Obstructive Sleep Apnea (OSA).

Clinical History:

The patient reports symptoms including [snoring, witnessed apneas, excessive daytime sleepiness, morning headaches]. Their Epworth Sleepiness Scale score is [Insert Score/24].

Sleep Study (Polysomnography) Results:

- **Apnea-Hypopnea Index (AHI):** [Insert Number] events per hour.
- **Oxygen Desaturation Index (ODI):** [Insert Number].
- **Lowest Oxygen Saturation (SpO2):** [Insert %].
- **Diagnosis:** [Mild / Moderate / Severe] Obstructive Sleep Apnea (ICD-10: G47.33).

CPAP Titration Findings:

During the titration study, the patient's airway was successfully stabilized at a pressure of [Insert cmH2O]. At this setting, the AHI was reduced to [Insert Number] and oxygen saturation remained above [Insert %].

Plan and Recommendations:

- **CPAP Therapy:** Initiate CPAP at [Insert Pressure] cmH2O using a [Nasal/Full Face] mask.
- **Equipment:** Order sent to [DME Company Name] for device and supplies.
- **Compliance:** Patient instructed on the importance of using the device for at least 4 hours per night.
- **Follow-up:** The patient will return to the Sleep Clinic in [30/90] days for a compliance download and clinical reassessment.

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Your Name, MD/DO]
[Pulmonology/Sleep Medicine]
[Facility Name]