

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Follow-up Study: [Date of Study]

To: [Referring Physician Name]

Subject: Follow-up Sleep Study Results and Treatment Consultation

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] for a follow-up consultation regarding their [CPAP/BiPAP/Oral Appliance] therapy and recent sleep study results.

Clinical Progress:

The patient reports [improvement/no change] in symptoms such as daytime somnolence, morning headaches, and snoring. Current device compliance is [hours] per night.

Study Findings:

The repeat polysomnography/Home Sleep Apnea Test (HSAT) conducted on [Date] demonstrates:

- Residual AHI: [Number] events/hour
- Oxygen Saturation Nadir: [Percentage]%
- Treatment Efficacy: [Effective/Sub-optimal]

Assessment:

1. [Diagnosis, e.g., Obstructive Sleep Apnea], currently [controlled/uncontrolled] on treatment.
2. [Secondary findings if applicable].

Plan and Recommendations:

- Pressure settings adjusted to: [Settings]
- Continue current mask interface or switch to: [Mask Type]
- Follow-up scheduled in [Number] months to monitor compliance and symptom resolution.

Thank you for the opportunity to participate in this patient's care. Please contact my office if you have any questions.

Sincerely,

[Doctor Name], MD/DO
Pulmonology & Sleep Medicine
[Facility Name]