Date: [Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

RE: CPAP Therapy Evaluation and Discharge Summary

Dear [Referring Physician Name],

This letter is to inform you that [Patient Name] has completed their clinical evaluation for Continuous Positive Airway Pressure (CPAP) therapy. Following a period of assessment and trial, the patient is being discharged from our immediate sleep therapy program to your continued care.

Evaluation Results:

- **Diagnosis:** [e.g., Obstructive Sleep Apnea, Severity]
- **Prescribed Pressure:** [e.g., 10 cmH2O or Auto-CPAP range]
- **Equipment Issued:** [Machine Model and Mask Type]
- **Usage Compliance:** [Patient averaged X hours per night / Meets CMS criteria]
- **Symptomatic Improvement:** [e.g., Reduction in daytime sleepiness, improved Epworth Sleepiness Scale score]

Clinical Findings:

[Insert brief summary of patient progress, residual AHI, and any adjustments made to settings during the evaluation phase].

Discharge Instructions and Follow-up:

- The patient has been educated on equipment maintenance and hygiene.
- The patient is advised to continue using the CPAP device every night for the duration of sleep.
- Supplies (filters, cushions, tubing) should be replaced according to the provider schedule.
- Routine follow-up for long-term management will be handled by [Primary Care/Specialist Office].

If you have any questions regarding this evaluation or the patient's treatment plan, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name and Title]
[Facility Name]