Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Test Date: [Date of Study]

Subject: Home Sleep Apnea Test (HSAT) Results and Discharge

Dear [Patient Name],

This letter is to inform you that the clinical evaluation of your recent Home Sleep Apnea Test has been completed. Below is a summary of the findings and the recommended next steps.

Test Results:

- **Apnea-Hypopnea Index (AHI):** [Insert Value] events per hour
- **Oxygen Saturation (SpO2) Nadir:** [Insert percentage]%
- **Diagnosis:** [e.g., Normal / Mild / Moderate / Severe Obstructive Sleep Apnea]

Clinical Interpretation:

[Insert brief clinical summary, e.g., The study indicates that you have sleep-disordered breathing that requires treatment.]

Recommended Plan:

[Select applicable option: No further action / Referral for CPAP therapy / Referral for oral appliance / Follow-up in-lab study required]

Discharge Instructions:

You are being discharged from the diagnostic phase of our sleep program. If a prescription for treatment (such as CPAP) was generated, our medical equipment coordinator will contact you within [Number] business days.

Please schedule a follow-up appointment with your primary care physician or your sleep specialist to discuss the long-term management of your results.

Sincerely,

[Physician Name]
[Clinic Name]
[Contact Phone Number]