

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Scheduled Recall for Sleep Apnea Device Titration Review

Dear [Patient Name],

Our records indicate that it is time for a follow-up appointment to review and titrate your sleep apnea device (CPAP/BiPAP). Periodic titration is necessary to ensure that your device settings are still providing the optimal pressure required to keep your airway open during sleep.

Changes in weight, health status, or sleeping patterns can affect the effectiveness of your current settings. This appointment will allow us to download your device data, assess your symptoms, and make any necessary adjustments to improve your sleep quality and overall health.

Action Required:

Please contact our office at [Phone Number] within the next [Number] days to schedule your titration review. When you come for your appointment, please remember to bring your device, mask, and power cord.

If you have already scheduled this appointment or have recently had your device settings reviewed by another provider, please let us know so we can update your records.

We look forward to assisting you with your ongoing sleep therapy.

Sincerely,

[Doctor/Provider Name]
[Title]
[Clinic/Facility Name]