

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Annual CPAP Titration and Therapy Follow-Up

Dear [Patient Name],

Our records indicate that it is time for your annual CPAP titration follow-up appointment. Regular monitoring is essential to ensure your sleep apnea treatment remains effective and that your device settings are still optimized for your health needs.

During this visit, we will:

- Review your therapy usage data.
- Assess the effectiveness of your current pressure settings.
- Check the condition of your mask and equipment.
- Discuss any concerns or difficulties you may be experiencing with your sleep.

Please contact our office at [Phone Number] to schedule your appointment. If you have recently had a sleep study or a follow-up at another facility, please let us know so we can update your medical records.

We look forward to seeing you soon and helping you maintain a healthy night's sleep.

Sincerely,

[Doctor/Provider Name]

[Facility Name]

[Contact Information]