

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Device Type: [CPAP/BiPAP/Other]

To: [Referring Physician Name]

RE: Routine Sleep Device Titration Assessment

Dear Dr. [Physician Last Name],

The above-named patient recently underwent a routine titration assessment for their sleep-disordered breathing device. Please find the summary of the findings below:

Current Settings:

Mode: [e.g., Fixed/Auto]

Pressure Range: [e.g., 5-15 cmH₂O]

Current Pressure: [Current Setting]

Usage and Compliance:

Average usage: [Number] hours per night

Days used: [Percentage]% of nights

Residual AHI (Apnea-Hypopnea Index): [Number] events/hour

Leak Rate: [e.g., Good/Acceptable/High]

Assessment:

The patient reports [e.g., improved/stable/worsening] daytime sleepiness. Current compliance is [e.g., optimal/sub-optimal]. The residual AHI indicates that the current pressure settings are [e.g., effective/requiring adjustment].

Plan/Recommendations:

Continue current settings.

Adjust pressure to: [New Setting].

Replace mask or supplies due to: [Reason].

Schedule follow-up in [Time Frame].

If you have any questions regarding this assessment, please contact our office.

Sincerely,

[Your Name/Signature]

[Your Title/Credentials]

[Facility Name]