

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment for CPAP Titration Study

Dear [Patient Name],

Our records indicate that you are due for a CPAP (Continuous Positive Airway Pressure) titration study. This follow-up is necessary to ensure that your current therapy settings are effectively treating your sleep apnea and providing you with the best possible results.

Please contact our sleep center at [Phone Number] to schedule your appointment. We recommend scheduling as soon as possible to ensure your preferred time slot.

Appointment Details:

- **Location:** [Facility Name/Address]
- **Arrival Time:** [Time]
- **Estimated Duration:** [Number] hours

If you have any questions regarding this study or your equipment, please do not hesitate to reach out to us.

Sincerely,

[Doctor/Provider Name]

[Clinic/Facility Name]

[Contact Information]