

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Address]

Phone Number: [Insert Phone Number]

Subject: Scheduled Follow-up for Sleep Device Titration

Dear [Patient Name],

Our records indicate that it is time to schedule a titration study for your therapeutic sleep device (e.g., CPAP, BiPAP, or Oral Appliance). Periodic titration is necessary to ensure that your device settings are providing the most effective treatment for your sleep apnea.

The purpose of this appointment is to:

- Evaluate the effectiveness of your current pressure or device settings.
- Check for any changes in your breathing patterns or health status.
- Ensure you are receiving optimal therapy to improve your sleep quality and overall health.

Please contact our office at [Insert Phone Number] or visit our online portal at [Insert Website] to schedule your appointment. We recommend scheduling this as soon as possible to maintain the continuity of your care.

If you have already scheduled this appointment or have recently had a titration study elsewhere, please let us know so we can update your file.

Thank you for choosing us for your sleep health needs.

Sincerely,

[Provider Name/Clinic Name]

[Clinic Address]

[Contact Email/Phone]