

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Device Model: [Device Name/Model]

Subject: Important Notice Regarding Your Sleep Apnea Therapy

Dear [Patient Name],

Our records indicate that you are currently using a Positive Airway Pressure (PAP) device for the treatment of sleep apnea. We are contacting you to schedule a **Device Efficacy Titration** review.

The purpose of this follow-up is to ensure that your current pressure settings are effectively treating your sleep apnea. Over time, changes in weight, health status, or sleeping habits can impact the efficacy of your therapy. Regular titration helps to:

- Confirm your device is delivering the correct therapeutic pressure.
- Reduce residual symptoms such as daytime sleepiness or snoring.
- Improve overall comfort and compliance with the treatment.

Please contact our office at **[Phone Number]** or visit **[Website/Portal]** to schedule your titration appointment. We recommend bringing your device and mask with you to this visit.

If you have already had a titration study or a settings adjustment in the last [Number] months, please let us know so we can update your medical record.

Thank you for choosing [Clinic/Facility Name] for your sleep health needs.

Sincerely,

[Physician/Provider Name]

[Clinic/Facility Name]

[Contact Information]