

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Review of Your Auto-PAP Titration Data

Dear [Patient Name],

We have completed the review of the data downloaded from your Auto-PAP device for the period of [Start Date] to [End Date].

The purpose of this review was to evaluate the effectiveness of your current therapy settings in treating your sleep apnea. Based on the data collected, your physician has analyzed your usage patterns, pressure requirements, and residual events.

**Review Summary:**

[Insert brief summary or "Your data shows your therapy is effective" or "Your settings require adjustment"]

**Next Steps:**

We would like to discuss these results with you in detail. Please contact our office at [Phone Number] to schedule a follow-up appointment. During this visit, we will discuss any necessary adjustments to your device settings or equipment to ensure you receive the best possible treatment.

Please continue to use your Auto-PAP device every night as prescribed until your follow-up appointment.

If you have any questions or are experiencing difficulties with your equipment, please call us at your earliest convenience.

Sincerely,

[Physician or Clinic Name]

[Department Name]

[Contact Information]