[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to Your CPAP Therapy

Dear [Patient Name],

Welcome to [Clinic/Company Name]. We are pleased to partner with you as you begin your Continuous Positive Airway Pressure (CPAP) therapy. This treatment is a vital step toward improving your sleep quality and your overall health.

Your equipment package includes:

- CPAP Device: [Model Name/Number]
- Mask Type: [Mask Model/Size]
- Humidifier and Water Chamber
- Tubing and Power Supply
- Travel Bag and Filters

Initial Settings:
Your device has been programmed according to your physician's prescription with the following settings:
Pressure: [Insert Pressure Settings]

Getting Started:

- Wear your mask for short periods during the day while relaxing to get used to the feeling.
- Use your CPAP every time you sleep, including naps.
- Ensure you use only distilled water in the humidifier chamber.

Support and Follow-up:
We will monitor your progress remotely to ensure the therapy is effective. Our clinical team will contact you in [Number] days to check on your progress. If you experience skin irritation, discomfort, or have trouble breathing against the air pressure, please contact us immediately.

For reordering supplies or technical support, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to helping you achieve a better night's rest.

Sincerely,

[Staff Name/Signature]
[Title]
[Clinic/Company Name]