

[Your Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

Re: CPAP Therapy Follow-Up

Dear [Patient Name],

Our records indicate that you recently started CPAP therapy for the treatment of sleep apnea. We are contacting you to see how you are adjusting to your equipment and to review your initial usage data.

Consistent use of your CPAP machine is the most effective way to improve your sleep quality and overall health. Insurance providers typically require "compliance," which is defined as using the device for at least 4 hours per night for at least 70% of the nights during a consecutive 30-day period.

Please contact our office at [Phone Number] to discuss the following:

- Any difficulties you are having with mask fit or comfort.
- Issues with air pressure or dryness.
- Any questions regarding the operation or cleaning of your machine.

If you are finding it difficult to use the machine every night, please let us know so we can assist with adjustments. Our goal is to ensure your therapy is as comfortable and effective as possible.

We look forward to hearing from you soon.

Sincerely,

[Clinician Name/Sleep Department]  
[Clinic Name]