

Date: [Insert Date]

To: [DME Provider Name / Physician Name]

Fax/Email: [Insert Contact Information]

Address: [Insert Address]

RE: CPAP Data Download and Compliance Report Request

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

Device Model: [Insert Device Name, e.g., ResMed AirSense 11]

Device Serial Number: [Insert Serial Number]

To Whom It May Concern,

I am writing to formally request a comprehensive data download and compliance report for my CPAP/PAP therapy device. Please provide the report covering the period from **[Start Date]** to **[End Date]**.

Please ensure the report includes the following details:

- Usage hours and compliance percentage (Days used > 4 hours).
- Apnea-Hypopnea Index (AHI) trends.
- Mask leak rates.
- Pressure settings (Fixed or Auto-titrating range).

I require this information for:

Personal health tracking

Upcoming physician consultation

Insurance/Employer compliance requirements

Please send the completed report to me via [Email/Fax/Mail] at the following address/number:
[Insert Your Contact Info].

Thank you for your prompt assistance with this matter.

Sincerely,

[Patient Signature]

[Patient Printed Name]

[Phone Number]