S: The patient has been diagnosed with obstructive sleep apnea by a diagnostic sleep study and has been referred by their Provider for a CPAP mask fitting, desensitization and education prior to beginning Auto CPAP therapy.

O: The diagnostic sleep study results = AHI:_____/hr, RDI: _____/hr, ODI:_____/hr. Epworth Sleepiness Scale: _____/24

A: Recommendations: CPAP Mask: _____

Auto CPAP pressure range _____ to _____ cm/H2O.

_____

_____

_____

Plan:

1. The patient was referred to _____ for Auto CPAP setup.

2. Recommend_____Auto CPAP device with a pressure range of _____ to _____cm/H2O, heated humidification/tubing, pressure relief of _____

_____

_____

_____

3. The patient will be contacted by phone in 2 − 3 weeks to evaluate Auto CPAP therapy.

4. Auto CPAP compliance data will be downloaded and evaluated at 2 weeks, then 1, 2 & 3 months after the start of therapy.

5. The patient has been scheduled for a follow−up visit with _____on _____at _____

_____

6. The patient was instructed to contact the SDC as needed.

7. Discharge instructions have been given to the patient detailing their treatment plan.

8. Patient Encounter Time: _____

_____	_____	_____
Technologist Signature	Technologist	Date/Time
_____	_____	_____
Primary Care Provider Signature	Primary Care Provider Name (print)	Date/Time