

## ApneaLink - Report of 26/08/2015 17:28

### Treating physician

### Referral to

### Patient data

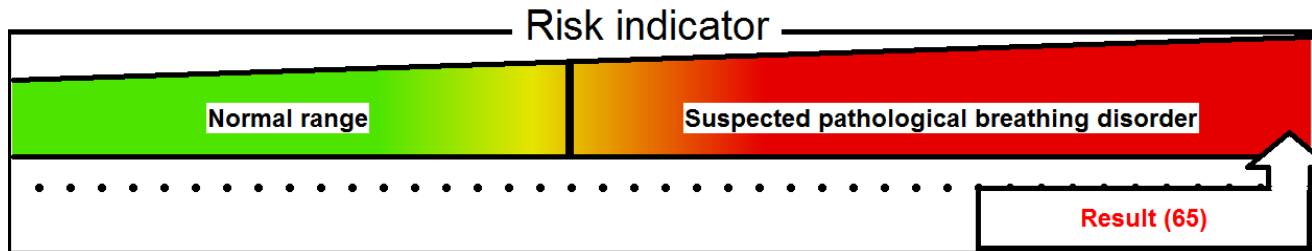
First name:	OSA	Patient ID:	23081945
Last Name:	Example	DOB:	21/09/1945
Street:		Height:	185,42 cm
City, ST, Zip:		Weight:	113,25 kg
Phone:		BMI:	32,9 kg/m <sup>2</sup>

### Recording

Date: 23/08/2008  
 Start: 23:33 .  
 End: 3:44 .  
 Duration: 4 h 11 min

### Evaluation

Start: 23:43 .  
 End: 3:42 .  
 Duration: 3 h 59 min



\* See Clinical Guide for abbreviations and ResMed standard parameters

### Analysis (Flow evaluation period: 3 h 59 min / SpO<sub>2</sub> evaluation period: 4 h 1 min)

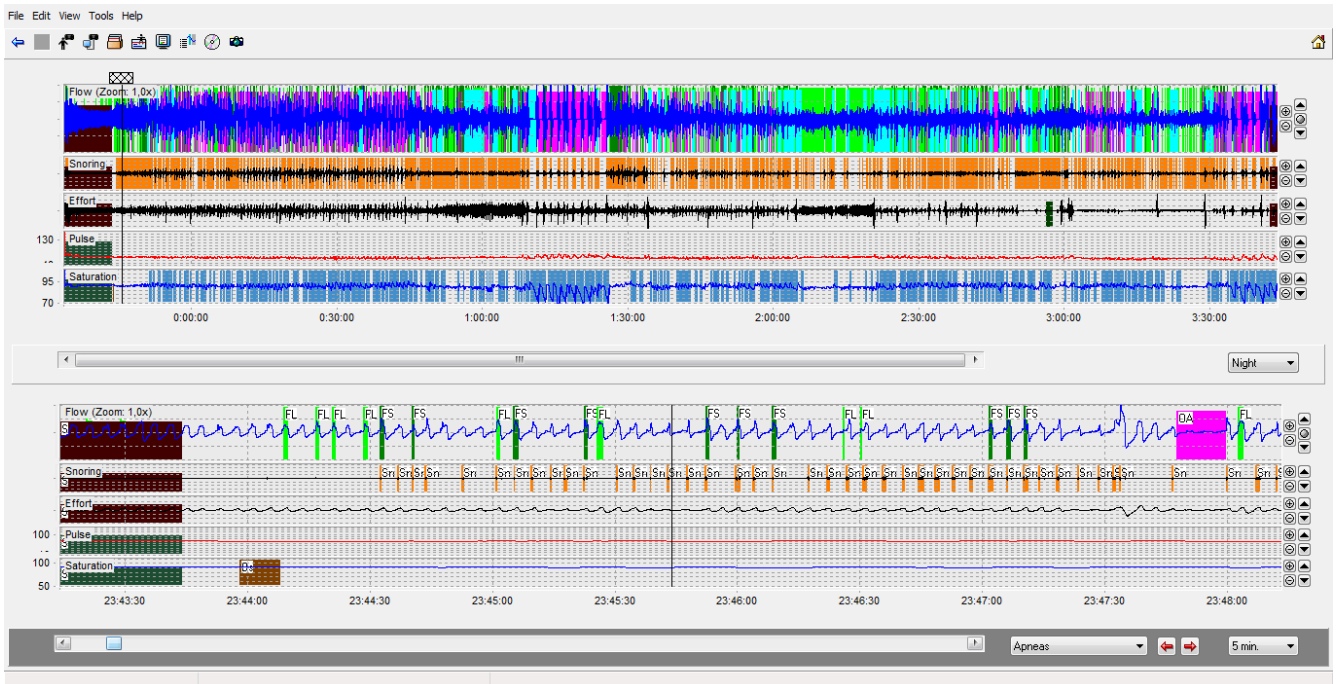
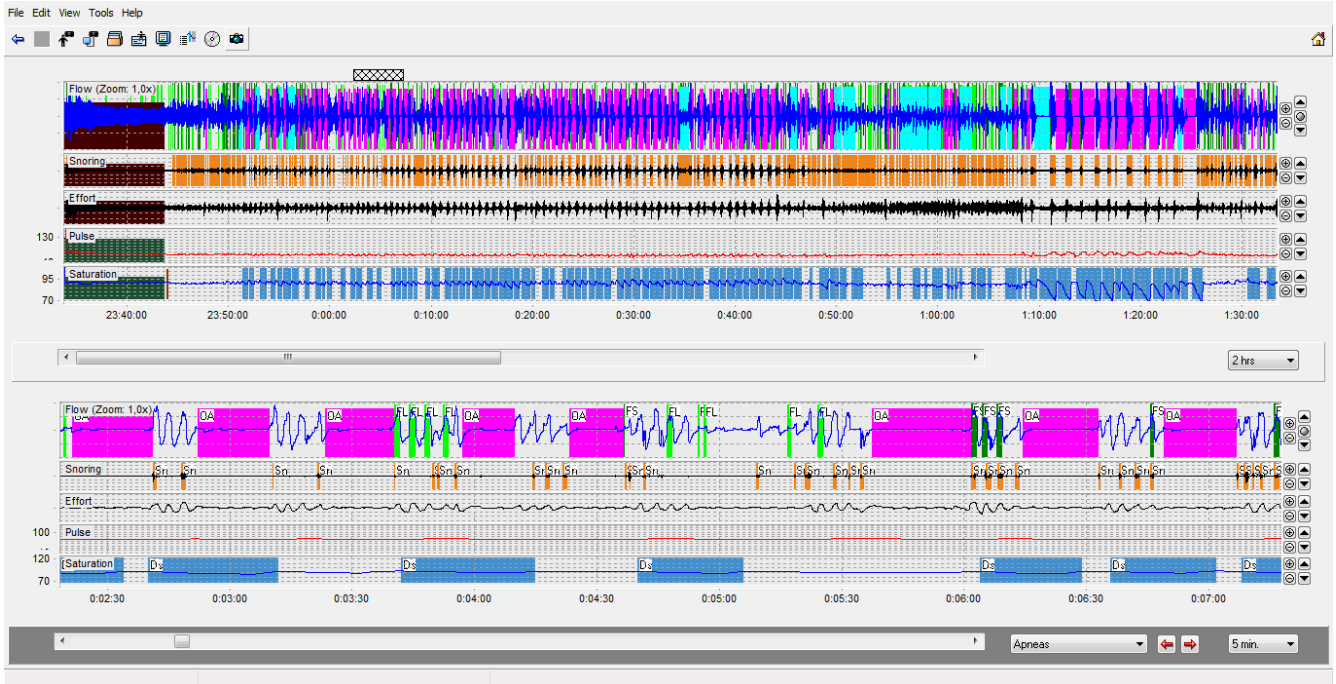
Indices	Normal	Result	
AHI*:	<b>61,6</b>	< 5 / h	Average breaths per minute [bpm]: <b>9,95</b>
RI*:	<b>64,6</b>	< 5	Breaths: <b>2376</b>
Apnea index:	<b>45</b>	< 5 / h	Apneas: <b>179</b>
UAI:	<b>0</b>		Unclassified apneas: <b>0 (0%)</b>
OAI:	<b>35,9</b>		Obstructive apneas: <b>143 (80%)</b>
CAI:	<b>6,3</b>		Central apneas: <b>25 (14%)</b>
MAI:	<b>2,8</b>		Mixed apneas: <b>11 (6%)</b>
Hypopnea index:	<b>16,6</b>	< 5 / h	Hypopneas: <b>66</b>
% Flow lim. Br. without Sn (FL):	<b>19</b>	< Approx. 60	Flow lim. Br. without Sn (FL): <b>451</b>
% Flow lim. Br. with Sn (FS):	<b>13</b>	< Approx. 40	Flow lim. Br. with Sn (FS): <b>304</b>
			Snoring events: <b>1689</b>
ODI Oxygen Desaturation Index*:	<b>53,6</b>	< 5 / h	No. of desaturations: <b>215</b>
Average saturation:	<b>89</b>	94% - 98%	Saturation <= 90% : <b>147 min (61%)</b>
Lowest desaturation:	<b>66</b>	-	Saturation <= 85% : <b>15 min (6%)</b>
Lowest saturation:	<b>66</b>	90% - 98%	Saturation <= 80% : <b>9 min (4%)</b>
Baseline Saturation:	<b>92</b>	%	Saturation <= 89% : <b>108 min (45%)</b>
			Saturation <= 88% : <b>68 min (28%)</b>
Minimum pulse:	<b>58</b>	> 40 bpm	
Maximum pulse:	<b>83</b>	< 90 bpm	
Average pulse:	<b>68</b>	bpm	
Proportion of probable CS epochs:	<b>0</b>	0%	

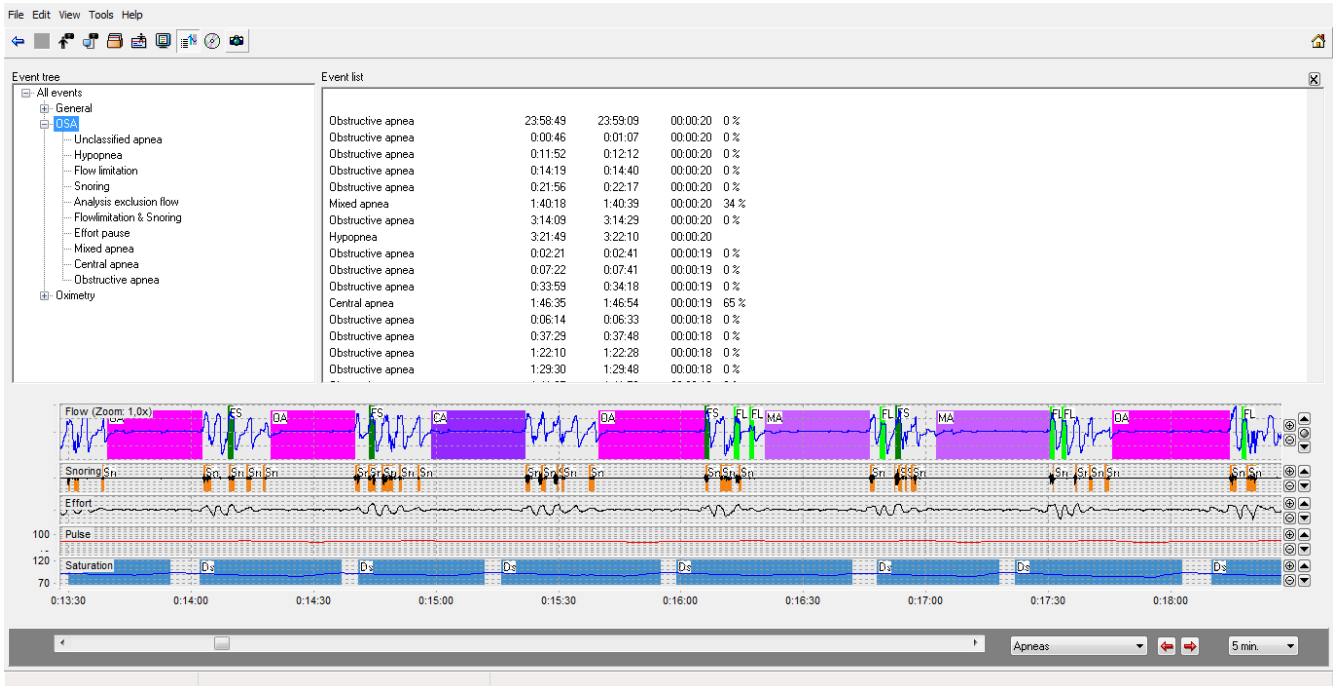
Analysis status: Analyzed automatically

### Analysis parameters used (Default)

Apnea [20%; 10s; 80s; 1,0s; 20%; 60%; 8%]; Hypopnea [70%; 10s; 100s; 1,0s]; Snoring [6,0%; 0,3s; 3,5s; 0,5s]; Desaturation [4,0%]; CSR [0,50]

### Comments





## Prescription for Therapy

Date: 26/08/2015

Patient Name: OSA Example Date of Birth: 21/09/1945 Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ License #: \_\_\_\_\_ UPIN/NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Study Date: 23/08/2008 AHI: 61,6 Estimated length of need: \_\_\_\_\_ mths (99 - lifetime)

327.23 Obstructive Sleep Apnea (adult & child)  
 786.04 Cheyne-Stokes Breathing Pattern

327.21 Primary Central Sleep Apnea (Includes Complex Sleep Apnea)  
 Other: \_\_\_\_\_

Auto CPAP Therapy	Mask Interface
<p><input type="checkbox"/> <b>AutoSet™w/ Easy-Breathe</b></p> <p><input type="checkbox"/> Use Device Default Settings            Mode: <b>Auto</b>            Max Press: <b>20</b> cm H<sub>2</sub>O            Min Press: <b>4</b> cm H<sub>2</sub>O            EPR™: <b>OFF</b></p> <p><input type="checkbox"/> Mode: Auto (specify settings)            Min Press: ____ cm H<sub>2</sub>O (4 cm H<sub>2</sub>O)            Max Press: ____ cm H<sub>2</sub>O (20 cm H<sub>2</sub>O)            Settling Time: ____ min(s) (OFF-45 min)            EPR™: 1 2 3 (circle one)</p>	<p><i>Mirage Nasal Masks</i></p> <p><input type="checkbox"/> <b>Mirage™Micro</b></p> <p><input type="checkbox"/> <b>Mirage SoftGel™</b></p> <p><i>Swift Nasal Pillows</i></p> <p><input type="checkbox"/> <b>Swift™</b></p> <p><i>Mirage Full Face Masks</i></p> <p><input type="checkbox"/> <b>MirageQuattro™</b></p> <p><i>Other</i></p> <p><input type="checkbox"/> <b>ResMed Mask:</b>            _____</p>
Data Management	Humidification
<p><i>Compliance Reporting &amp; Efficacy Data</i></p> <p><input type="checkbox"/> <b>30-Day download</b></p> <p><input type="checkbox"/> <b>After ____ days, download data</b></p> <p><input type="checkbox"/> <b>After ____ days, for ____ month(s)</b></p>	<p><input type="checkbox"/> <b>Heated</b></p> <p><input type="checkbox"/> <b>Climate Line Tubing</b> (available with S9)</p>

**\*Do not substitute**

### Statement of Medical Necessity:

The above patient has undergone diagnostic evaluation. This evaluation has confirmed a positive diagnosis of sleep apnea. Positive airway pressure therapy is medically necessary and provides effective treatment of this disorder.

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

Name: OSA Example

Date: 26/08/2015

Patient ID/Ref No.: 23081945

*Physician to fill out this section*

**Refer directly to sleep specialist \_\_\_\_\_ for consultation and possible polysomnography testing due to sleep screening of AHI of 61,6.**

<u>Patient complaints of:</u>		<u>ICD-9</u>
Daytime sleepiness (hypersomnia, unspecified)	_____	780.54
Other _____	_____	_____
Other _____	_____	_____

<u>Co-morbid diagnoses:</u>		<u>ICD-9</u>
Essential hypertension	_____	401
CHF	_____	428.0
Diabetes mellitus	_____	250.0
Cardiovascular disease	_____	429.2
Other _____	_____	_____
Other _____	_____	_____

*Note: Only AHI and Cheyne Stokes probability are a result of the ApneaLink calculation*

*Notes:*

Ordering Physicians Signature: \_\_\_\_\_

DEA# \_\_\_\_\_