

# CPAP Compliance Report (Download)

## Patient

**Name:** TOM SMITH  
**Address:** 1135 Washington Blvd  
 Springfield  
 CA92064  
**Phone:** 555-6398  
**Fax:** 555-6399  
**Email:** patient@fphcare.com  
**ID:** 1212  
**Age:** 45  
**Sex:** male  
**Height:** 6'  
**Weight:** 220lb  
**BMI:** 30  
  
**Insurance Carrier:** Kaiser  
**Phone:** 555-3130  
**Fax:** 555-2118  
**Policy Number:** OSA3456  
**Sleep Lab:** Sleepwell

## Homecare Provider

**Name:** (Please Insert Name)  
**Address:** (Insert Address)  
  
**Phone:** (Insert Phone Number(s))  
**Fax:** (Insert Fax Number)  
**Email:**

## Physician

**Name:** Dr Johnson  
**Address:** 268 Washington Blvd  
 Springfield  
 CA92064  
**Contact:** Pamela  
**Email:** doctor@fphcare.com

## HC221

Checked By:

**Serial Number:** SAMPLE\_FILE  
**Prescribed Pressure Setting:** 10.0

**Initial Setup Date:** 01-Jan-04, Thu  
**Mask Type:** Aclaim

### 30, 60, 90 day History From 22-Jul-04, Thu :

	<u>1 - 30 Days</u>	<u>31 - 60 Days</u>	<u>61 - 90 Days</u>
Average Hours Compliant Per Day Used:	7.3	7.1	7.5
Days with more than 4 hrs compliance :	26	30	30
Average Humidity Setting:	2.0	2.0	2.0

## Summary Data From 01/01/04 To 18/07/04 (200 Days)

CPAP Used:	197 Days	Total Compliant Hours :	1438.9 hrs.
CPAP not Used :	3 Days	Max Compliance for a day :	8.9 hrs.
		Min Compliance for a day :	0.0 hrs.
CPAP Usage :	98%	Average Compliance(Days Used):	7.3 hrs.
Compliant Days (Usage >= 4 hours)	99%	Average Compliance(All Days):	7.2 hrs.

