

CPAP Compliance Report (LCD)

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

Serial Number: SAMPLE_FILE
Prescribed Pressure Setting: 10.0

Initial Setup Date: Jan-01-2004
Mask Type on CPAP: Aclaim
Report Date: Jul-23-2004

Humidity Setting	2
Avg. Patient Compliance	6.5
Total CPAP Usage (hrs)	1624
Total CPAP Usage (days)	204
Avg. CPAP Usage (per night)	8.0

* Data Verified By Checksum.

Comments

This SAMPLE FILE is to demonstrate report writing capabilities.