

# 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.