

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

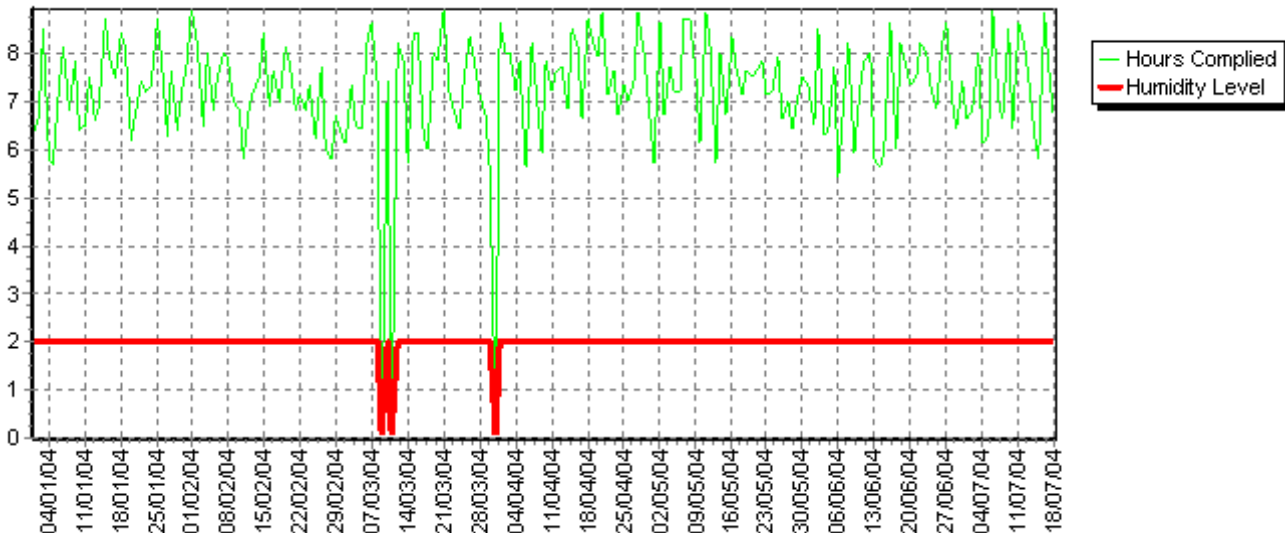
Initial Setup Date: 01-Jan-04, Thu
Mask Type: Aclaim

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)

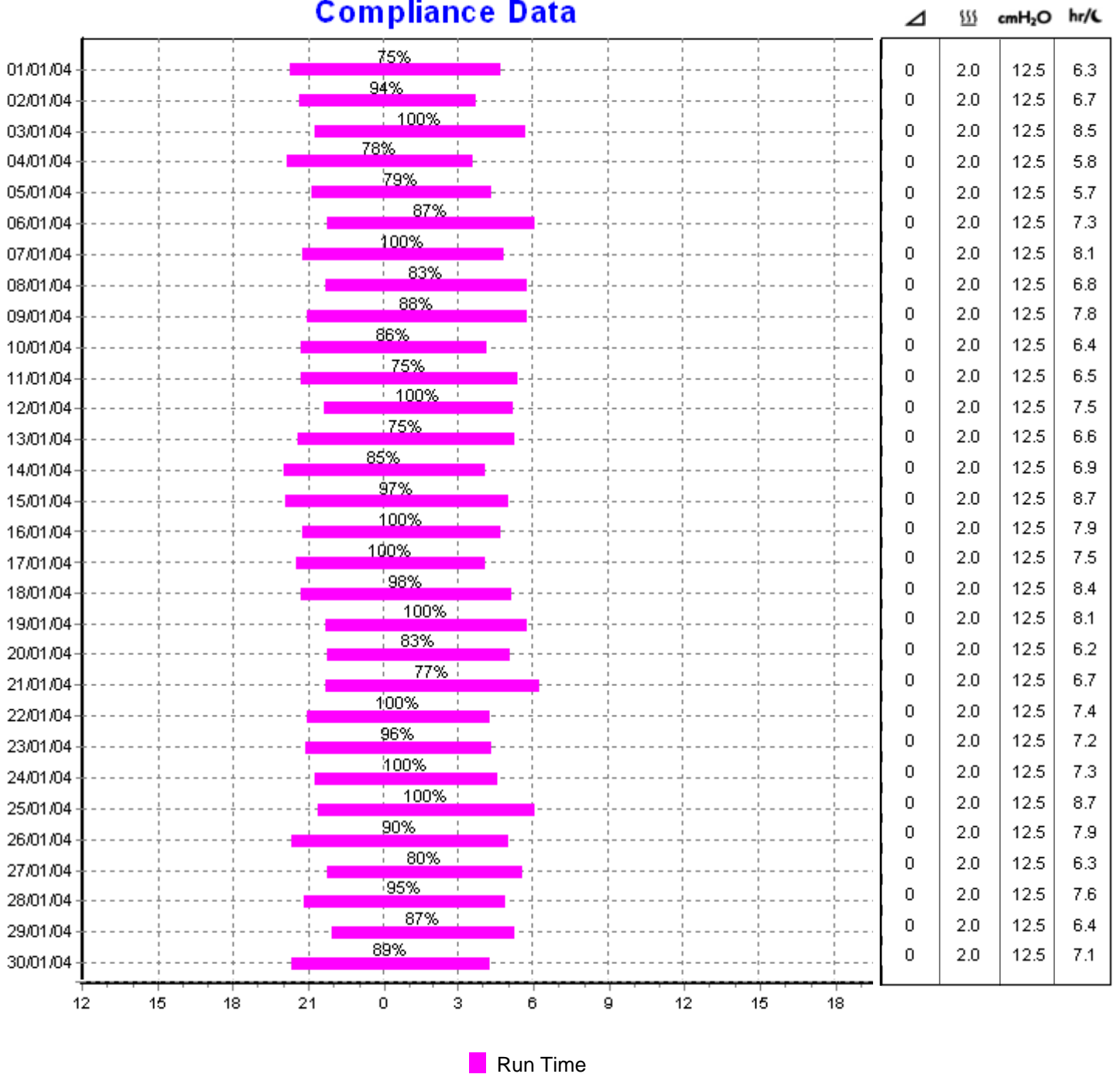
CPAP Used:	197 Days	Total Compliant Hours :	1438.9 hrs.
CPAP not Used :	3 Days	Max Compliance for a day :	8.9 hrs.
		Min Compliance for a day :	0.0 hrs.
CPAP Usage :	98%	Average Compliance(Days Used):	7.3 hrs.
Compliant Days (Usage >= 4 hours)	99%	Average Compliance(All Days):	7.2 hrs.



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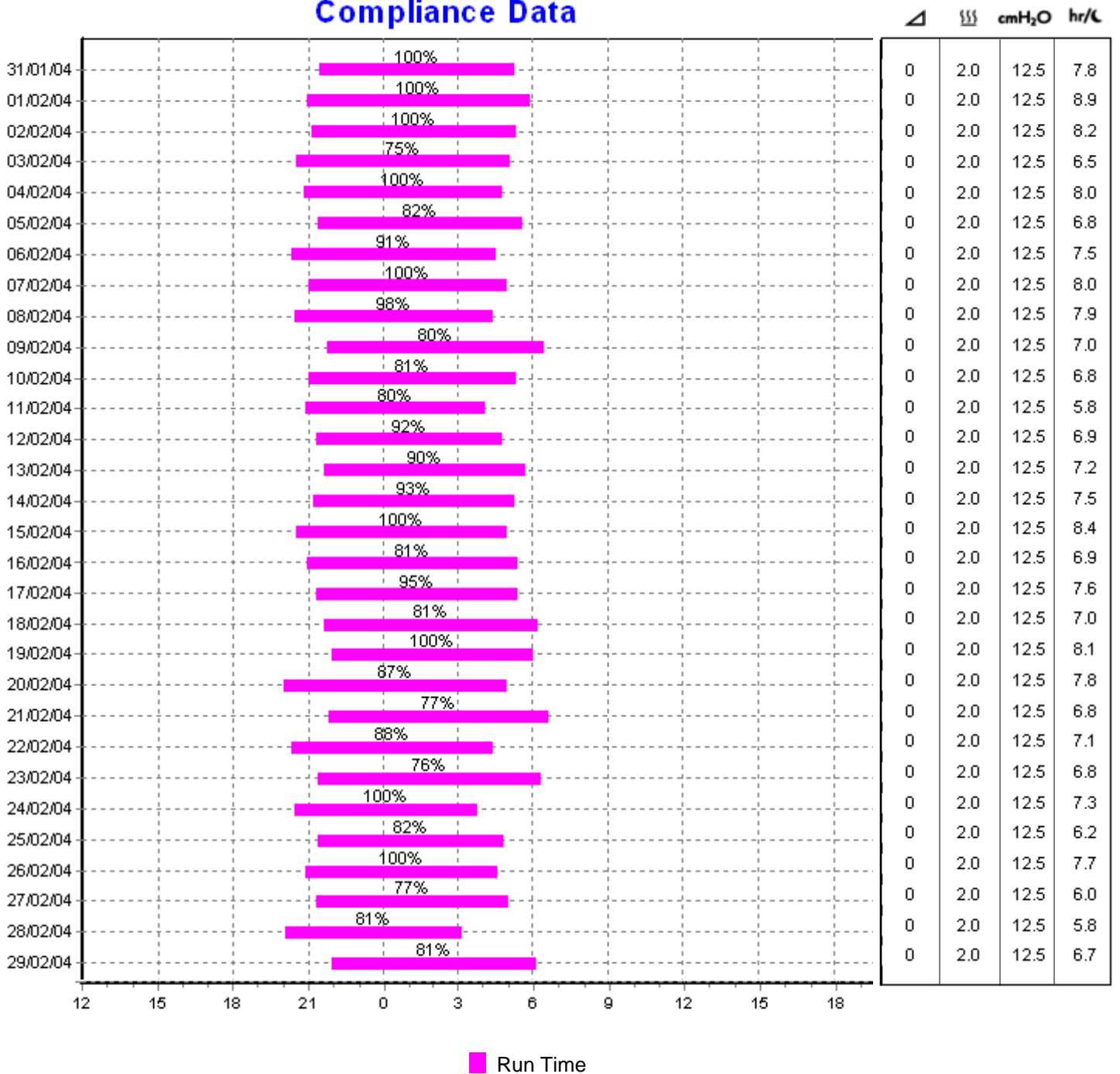
Compliance Data



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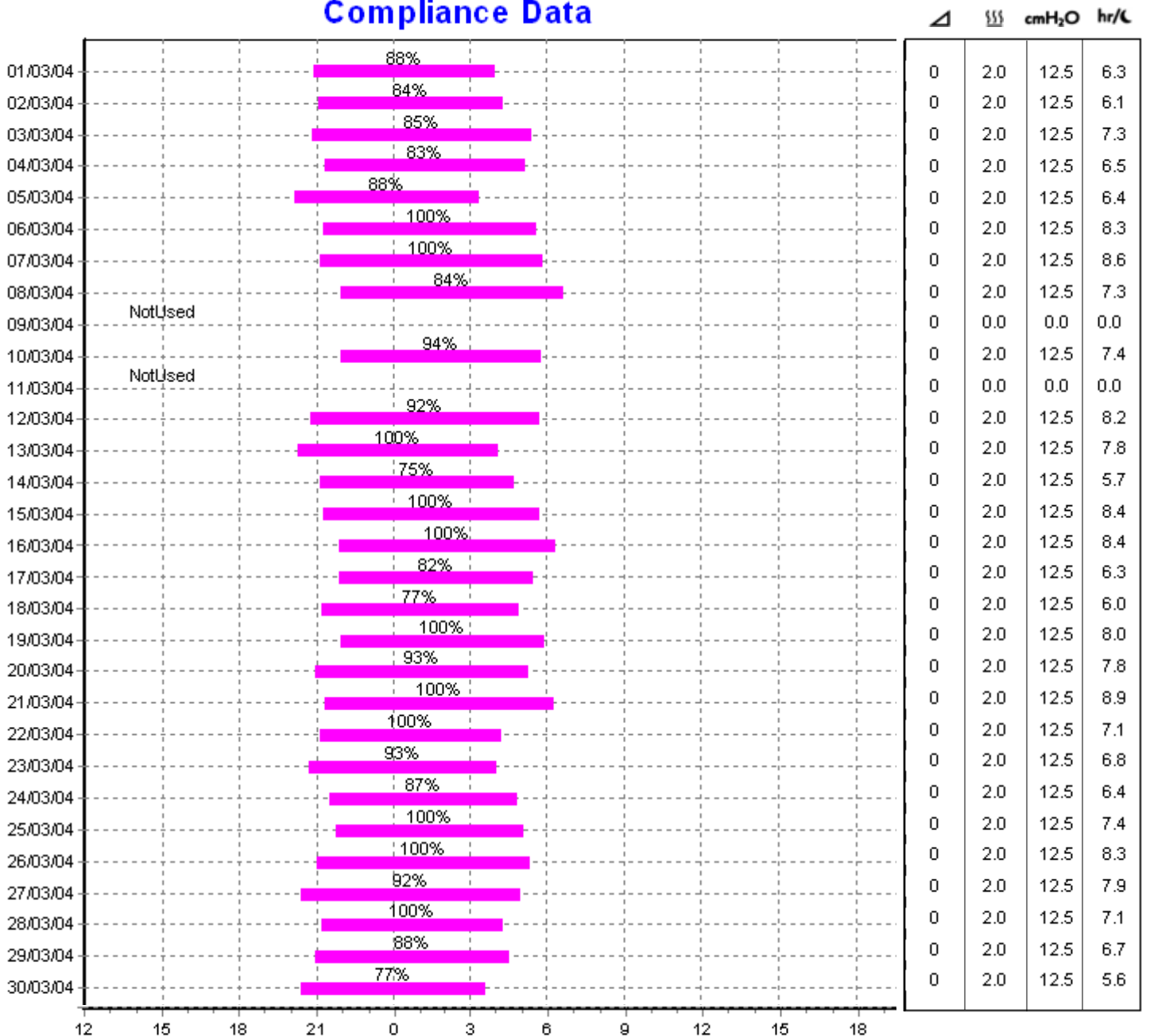
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Compliance Data

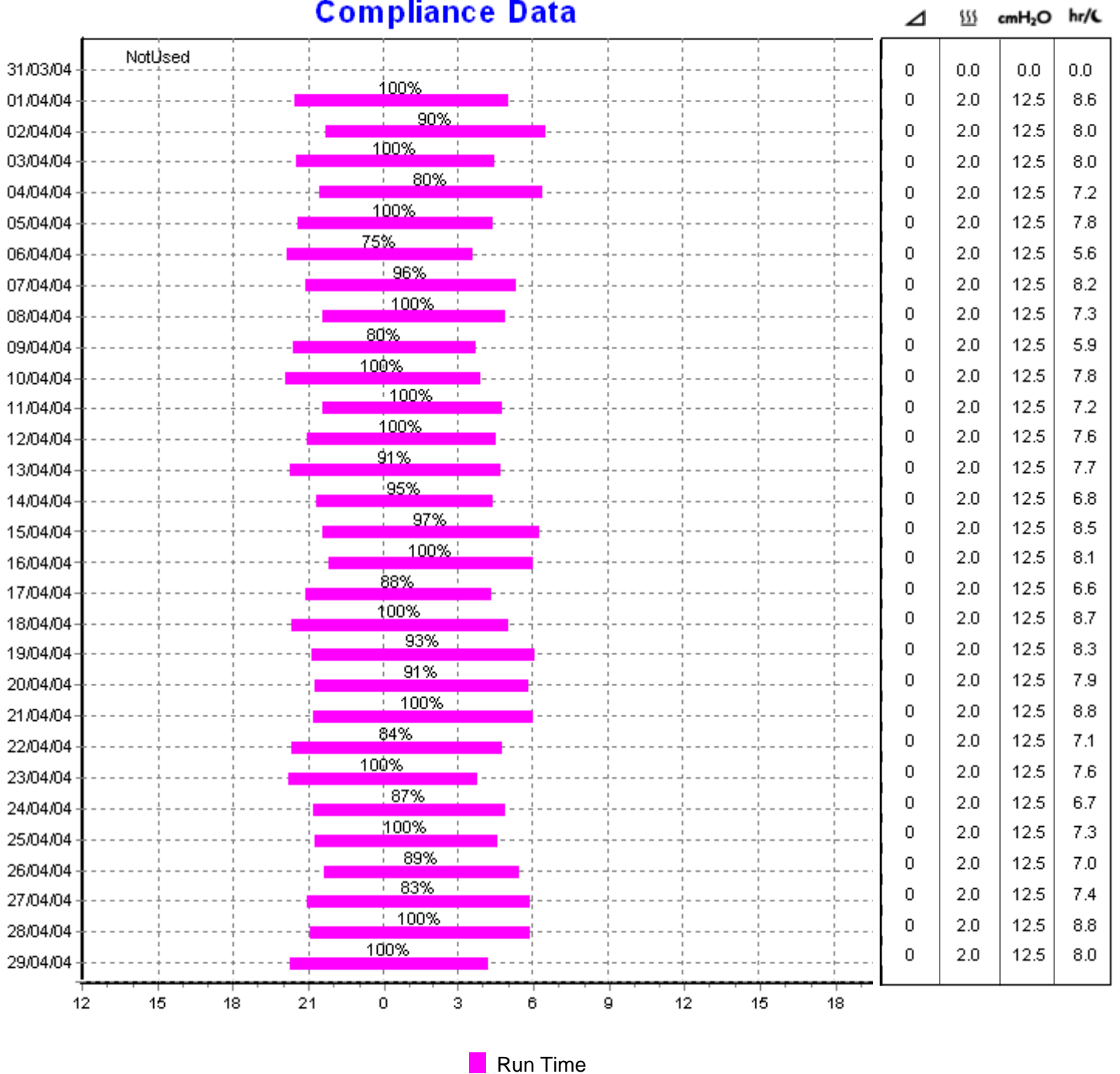


■ Run Time

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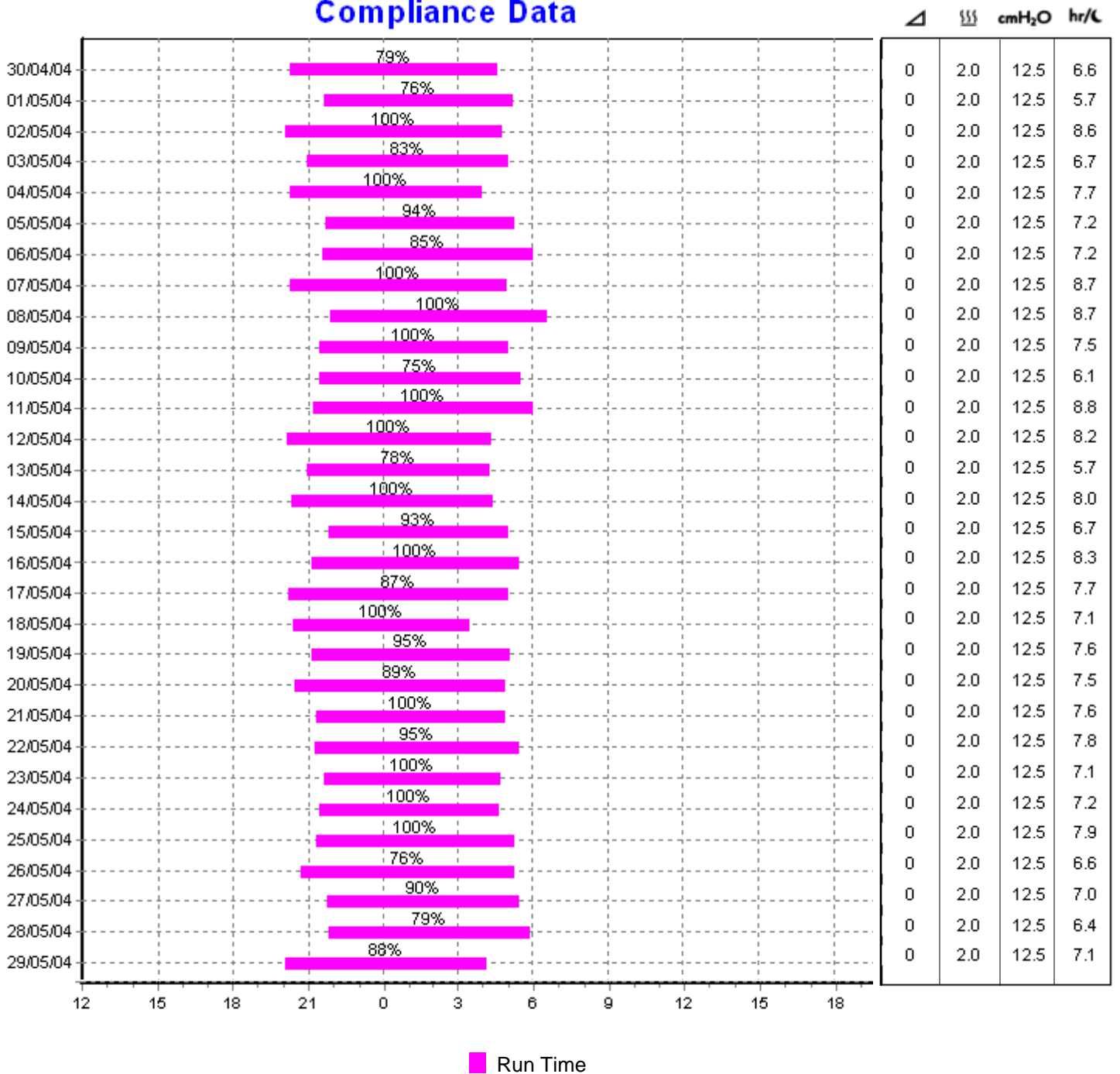
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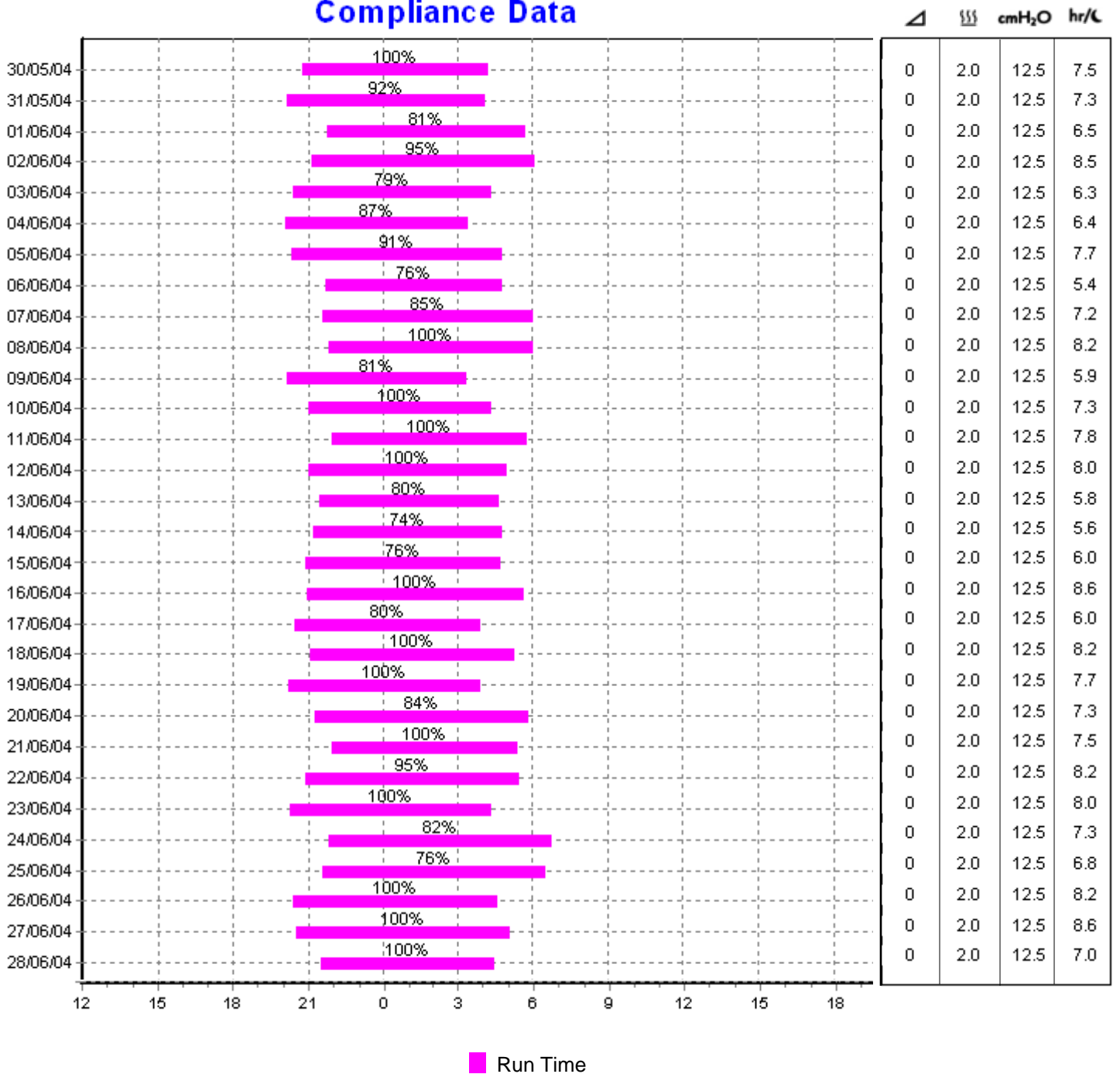
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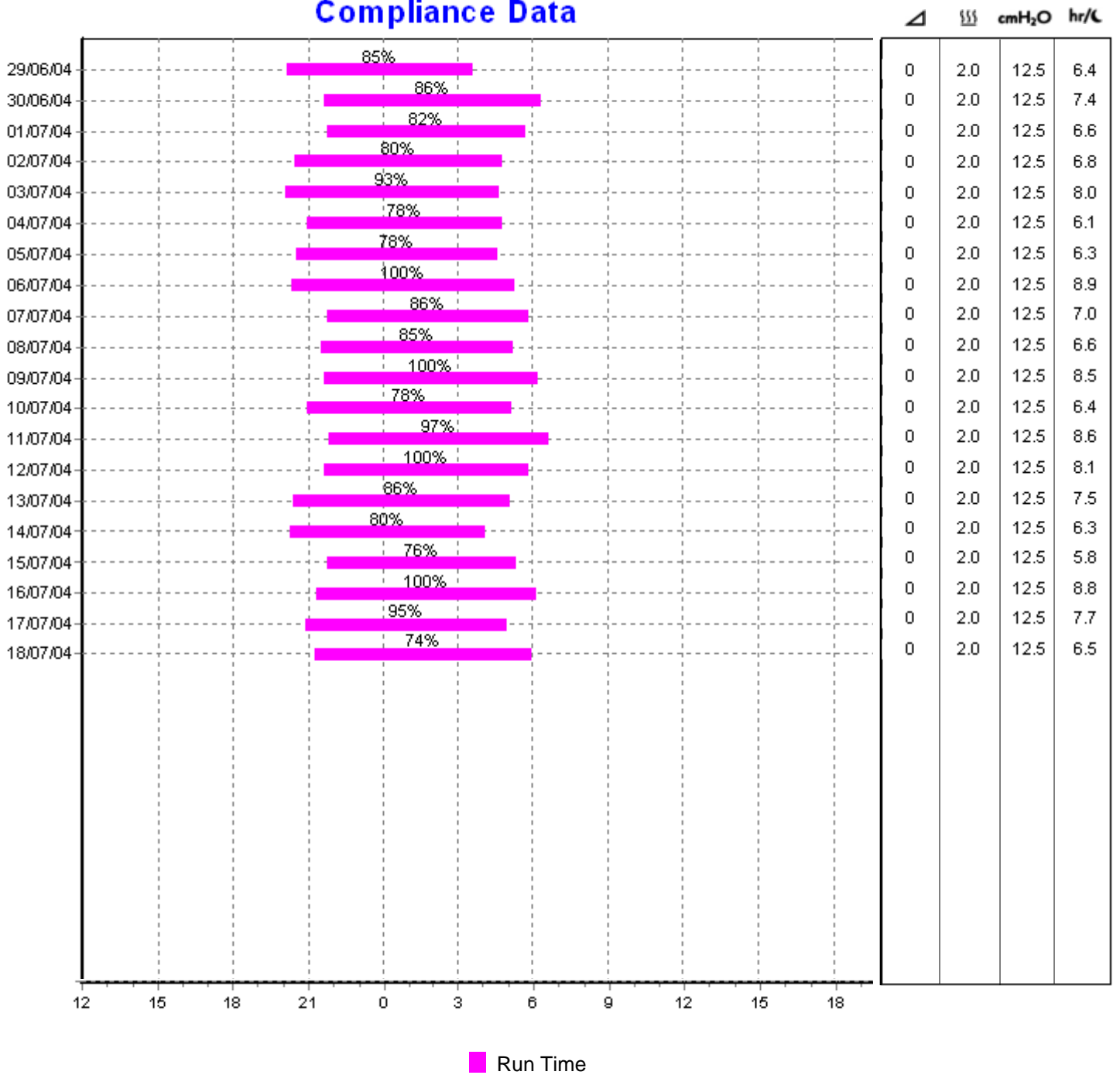
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Comments

This SAMPLE FILE is to demonstrate report writing capabilities.