

ApneaLink - Report of 1/17/2013 3:52 PM

Treating physician

Referral to

Patient data

First name: Sudipta
 Last Name: Chatterjee
 Street: 78/M B.S.Road
 City, ST, Zip: West Bengal 700034
 Phone: 9831049313

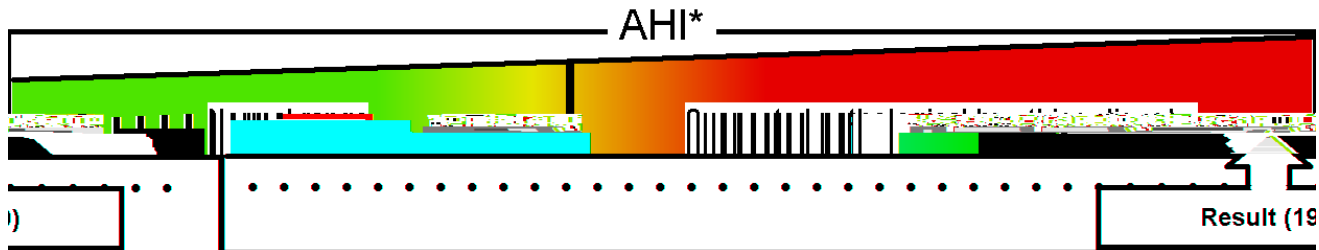
Patient ID:
 DOB: 8/13/1968
 Height: 0 ft 0 in
 Weight: 0.00 lbs
 BMI: kg/m²

Recording

Date: 1/16/2013
 Start: 10:15 PM .
 End: 5:53 AM .
 Duration: 7 h 39 min

Evaluation

Start: 10:25 PM .
 End: 5:51 AM .
 Duration: 4 h 34 min



* See Clinical Guide for abbreviations and ResMed standard parameters

Analysis (Flow evaluation period: 4 h 34 min / SpO₂ evaluation period: 7 h 27 min)

Indices

| | Normal | Result |
|----------------------------------|--------------|--------|
| AHI*: | < 5 / h | 19 |
| RI*: | < 5 | 22 |
| Apnea index: | < 5 / h | 3 |
| UAI: | | 1 |
| OAI: | | 2 |
| CAI: | | 0 |
| MAI: | | 0 |
| Hypopnea index: | < 5 / h | 16 |
| % Flow lim. Br. without Sn (FL): | < Approx. 60 | 29 |
| % Flow lim. Br. with Sn (FS): | < Approx. 40 | 1 |

| Result | Normal |
|-----------------------------------|---------|
| Average breaths per minute [bpm]: | 16.49 |
| Breaths: | 4526 |
| Apneas: | 13 |
| Unclassified apneas: | 5 (38%) |
| Obstructive apneas: | 7 (54%) |
| Central apneas: | 1 (8%) |
| Mixed apneas: | 0 (0%) |
| Hypopneas: | 74 |
| Flow lim. Br. without Sn (FL): | 1319 |
| Flow lim. Br. with Sn (FS): | 60 |
| Snoring events: | 754 |

| | Normal | Result |
|---------------------------------|-----------|--------|
| ODI Oxygen Desaturation Index*: | < 5 / h | 17 |
| Average saturation: | 94% - 98% | 97 |
| Lowest desaturation: | - | 79 |
| Lowest saturation: | 90% - 98% | 79 |
| Baseline Saturation: | % | 99 |
| Minimum pulse: | > 40 bpm | 58 |
| Maximum pulse: | < 90 bpm | 101 |
| Average pulse: | bpm | 75 |

| Result | Normal |
|-----------------------|------------|
| No. of desaturations: | 124 |
| Saturation ≤ 90% : | 2 min (0%) |
| Saturation ≤ 85% : | 0 min (0%) |
| Saturation ≤ 80% : | 0 min (0%) |
| Saturation ≤ 89% : | 1 min (0%) |
| Saturation ≤ 88% : | 1 min (0%) |

Proportion of probable CS epochs: 0 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: 1/17/2013

Patient Name: Sudipta Chatterjee Date of Birth: 8/13/1968 Phone #: 9831049313
 Address: 78/M B.S.Road City, State: West Bengal Zip: 700034

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

Diagnosis: _____ Study Date: 1/16/2013 AHI: 19 Estimated length of need: _____ mths (99 - lifetime)

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

Q 327.21 Primary Central Sleep Apnea (Includes Complex Sleep Apnea)
 Q Other: _____

| Auto CPAP Therapy | Mask Interface |
|---|--|
| <p>Q AutoSet™w/ Easy-Breathe</p> <p>Q Use Device Default Settings Mode: Auto Max Press: 20 cm H₂O Min Press: 4 cm H₂O EPR™: OFF</p> <p>Q Mode: Auto (specify settings) Min Press: _____ cm H₂O (4 cm H₂O) Max Press: _____ cm H₂O (20 cm H₂O) Settling Time: _____ min(s) (OFF-45 min) EPR™: 1 2 3 (<i>circle one</i>)</p> | <p><i>Mirage Nasal Masks</i></p> <p>Q Mirage™Micro Q Mirage SoftGel™</p> <p><i>Swift Nasal Pillows</i></p> <p>Q Swift™</p> <p><i>Mirage Full Face Masks</i></p> <p>Q MirageQuattro™</p> <p><i>Other</i></p> <p>Q ResMed Mask: _____</p> |
| Data Management | Humidification |
| <p><i>Compliance Reporting & Efficacy Data</i></p> <p>Q 30-Day download Q After _____ days, download data Q After _____ days, for _____ month(s)</p> | <p>Q Heated Q Climate Line Tubing (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: Sudipta Chatterjee

Date: 1/17/2013

Patient ID/Ref No.:

Physician to fill out this section

Refer directly to sleep specialist _____ for consultation and possible polysomnography testing due to sleep screening of AHI of 19.

| Patient complaints of: | | ICD-9 |
|---|-------|--------|
| Daytime sleepiness (hypersomnia, unspecified) | _____ | 780.54 |
| Other _____ | _____ | _____ |
| Other _____ | _____ | _____ |

| Co-morbid diagnoses: | | ICD-9 |
|------------------------|-------|-------|
| 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# _____