

ApneaLink - Report of 1/14/2013 12:42 PM

Treating physician

Referral to

Patient data

First name: Lal Chand
 Last Name: Jaiswal
 Street: Belgharia Natun Para
 City, ST, Zip: kolkata
 Phone:

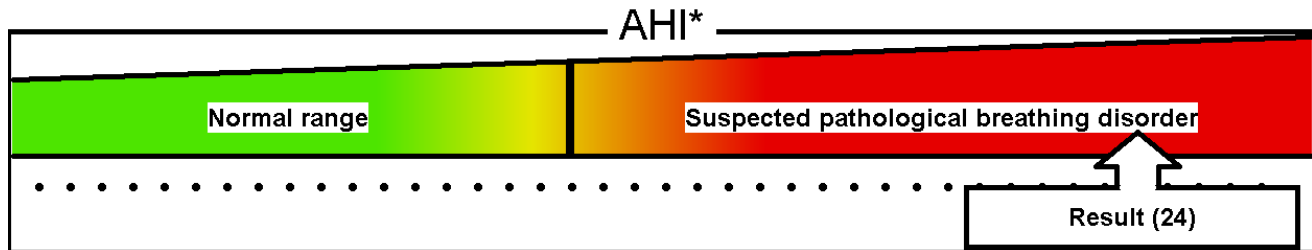
Patient ID:
 DOB: 1/1/1967
 Height: 0 ft 0 in
 Weight: 0.00 lbs
 BMI: kg/m²

Recording

Date: 1/13/2013
 Start: 12:00 AM .
 End: 9:57 AM .
 Duration: 9 h 58 min

Evaluation

Start: 12:10 AM .
 End: 9:55 AM .
 Duration: 6 h 56 min



* See Clinical Guide for abbreviations and ResMed standard parameters

Analysis (Flow evaluation period: 6 h 56 min / SpO₂ evaluation period: 9 h 38 min)

Indices

	Normal	Result
AHI*:	< 5 / h	24
RI*:	< 5	31
Apnea index:	< 5 / h	13
UAI:		0
OAI:		13
CAI:		0
MAI:		0
Hypopnea index:	< 5 / h	11
% Flow lim. Br. without Sn (FL):	< Approx. 60	10
% Flow lim. Br. with Sn (FS):	< Approx. 40	44
ODI Oxygen Desaturation Index*:	< 5 / h	25
Average saturation:	94% - 98%	95
Lowest desaturation:	-	73
Lowest saturation:	90% - 98%	73
Baseline Saturation:	%	98
Minimum pulse:	> 40 bpm	40
Maximum pulse:	< 90 bpm	106
Average pulse:	bpm	74
Proportion of probable CS epochs:	0%	0

Result	Normal
Average breaths per minute [bpm]:	7.07
Breaths:	2945
Apneas:	92
Unclassified apneas:	0 (0%)
Obstructive apneas:	89 (97%)
Central apneas:	3 (3%)
Mixed apneas:	0 (0%)
Hypopneas:	79
Flow lim. Br. without Sn (FL):	297
Flow lim. Br. with Sn (FS):	1294
Snoring events:	9414
No. of desaturations:	237
Saturation ≤ 90% :	26 min (4%)
Saturation ≤ 85% :	10 min (2%)
Saturation ≤ 80% :	4 min (1%)
Saturation ≤ 89% :	20 min (3%)
Saturation ≤ 88% :	17 min (3%)

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: 1/14/2013

Patient Name: Lal Chand Jaiswal Date of Birth: 1/1/1967 Phone #: _____
 Address: Belgharia Natun Para City, State: kolkata Zip: _____

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

Diagnosis: _____ Study Date: 1/13/2013 AHI: 24 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: Lal Chand Jaiswal

Date: 1/14/2013

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 24.

<u>Patient complaints of:</u>		<u>ICD-9</u>
Daytime sleepiness (hypersomnia, unspecified)	_____	780.54
Other _____	_____	_____
Other _____	_____	_____

<u>Co-morbid diagnoses:</u>		<u>ICD-9</u>
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# _____