

Practitioner Note

PROVIDER	Sleep Metrics 15812 SW Upper Boones Ferry Rd Lake Oswego, OR 97035-4066	PATIENT	Willis, Zachary J 86 U ST SPRINGFIELD, OR 97477-2154
Phone	(503) 222-9777	Phone	(702) 582-3970
Fax	(888) 503-3693	DOB	3/30/1990
PHYSICIAN	Perez Guzman, Lisandra 2280 Marcola RD Springfield, OR 97477-2594	Note Reason	HST Results: OSA
NPI	1063738870	Severity	Medium
Phone	(541) 747-4300	Note ID	398518
Fax	(541) 747-0655	Created By	Tuliao, Sunny
		Date Created	11/14/2025
		Actual Date	
		Last Changed By	Tuliao, Sunny
		Last Changed Date	11/14/2025 03:21 PM
		Date Completed	

Subject & Description

Subject	PROVIDER REVIEW REQUIRED
Description	Your patient has successfully completed their Home Sleep Test and the final results are attached along with an order for CPAP. Please review the results and fax the signed CPAP Rx to (888)503-3693 for treatment, if deemed appropriate.
	RESULTS: Moderate AHI: 22.1
	Thank you for allowing us to participate in the care of your patient!

Comments

Date Created	Created By
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Clinician's Written Order: CPAP Therapy

PROVIDER: Sleep Metrics 15812 SW Upper Boones Ferry Rd Lake Oswego, OR 97035-4066	PATIENT: Willis, Zachary J 86 U ST SPRINGFIELD, OR 97477-2154
Phone (503) 222-9777	Phone (702) 582-3970
FAX (503) 905-8562	DOB 03/30/1990
Provider No.	Initial Date
PHYSICIAN: Lisandra Perez Guzman MD 2280 Marcola RD Springfield, OR 97477-2594	Revised Date
License #	Recertification
Phone (541) 747-4300	Length of Need (in months) 99
	Policy 2UD3P72VD02
NPI 1063738870	
Fax (541) 747-0655	

DIAGNOSIS

ICD-10 Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
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ADDITIONAL MEDICAL INFORMATION

Auto-CPAP - E0601
Heated Humidifier - E0562
Modem- A9279
RT Evaluation and PAP Setup - CPT 94660

Please fit mask per patient preference at the time of setup.
Please replace the patient's accessories in accordance with their insurance payer's allowed schedule

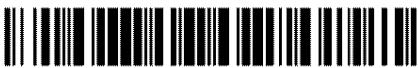
Accessories:

Full Face Mask- A7030 (1 per 3 months)
Full Face Cushions- A7031 (1 per month)
Nasal Mask- A7034 (1 per 3 months)
Nasal Cushions- A7032 (2 per month)
Nasal Pillows- A7033 (2 per month)
Headgear- A7035 (1 per 6 months)
Climate tubing - A4604 (1 per 3 months)
Disposable filters - A7038 (2 per 1 month)
Reusable filters - A7039 (1 per 6 months)
Humidifier chamber - A7046 (1 per 6 months)
Chinstrap - A7036 (1 per 6 months)

Pressure Setting (cmH20):

7-20 cmH20

The above referenced patient has an absolute Medical Necessity for the item(s) listed above. I certify that the above prescribed item(s) is/are medically indicated and in my opinion is/are reasonable and medically necessary with reference to the standards of medical practice for this patient's condition.

Clinician Signature**Date**

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Sleep Study Report

Patient Information

First Name: **Zachary** Last Name: **Willis** ID: **33504**
Birth Date: **03/30/1990** Age: **35** Gender: **Male**
Insurer: BMI:
Neck Circ.: Epworth: Mobile Phone: **7025823970**
Address:

Sleep Study Information

Study Date: **11/07/2025** S/H/A Version: **5.4.84.4 / 4.2.1210 / 84**

Referring Physician Information

First Name: **Lisandra** Last Name: **Perez Guzman**
Work Phone: Mobile Phone: Fax:
E-mail:

Summary & Diagnosis

Findings are consistent with Moderate Obstructive Sleep Apnea.

Recommendations

1. Treatment options for moderately severe OSA may include : CPAP , AUTOCPAP, or BIPAP.
2. If AutoPAP is initially utilized , consider a starting pressure of 7-20 cmH20, with close compliance monitoring for AHI on follow up.
3. Mandibular positioning device/oral appliance therapy may be considered for mild to moderate OSA if the patient is intolerant ,refuses and/or non compliant with CPAP.
4. Weight loss , if applicable, can help reduce severity of sleep disordered breathing.
5. If AutoPAP therapy proves unsuccessful, a lab based titration should be considered.
6. Clinical follow up with referring physician is recommended , with close compliance monitoring for AHI and resolution of symptoms.

Report prepared by: **Poh Leng**

NPI **1477520120**

Electronically Signed: **11/11/2025 1:12:21 PM**

Signature:

Sleep Study Report

Sleep Summary

Start Study Time:	12:31:20 AM
End Study Time:	8:34:41 AM
Total Recording Time:	8 hrs, 3 min
Total Sleep Time	7 hrs, 14 min
Indices are calculated using technically valid sleep time of	7 hrs, 8 min
% REM of Sleep Time:	29.7

Respiratory Indices

	Total Events	REM	NREM	All Night
pAHI 3%:	158	43.8	12.8	22.1
pAHI 4%:	112	35.4	7.2	15.7
ODI 4%:	93	28.4	6.4	13.0
pRDI:	204	51.8	18.6	28.6
pAHlc 3%:	0	0.0	0.0	0.0
pAHlc 4%:	0	0.0	0.0	0.0
% CSR:	0.0			

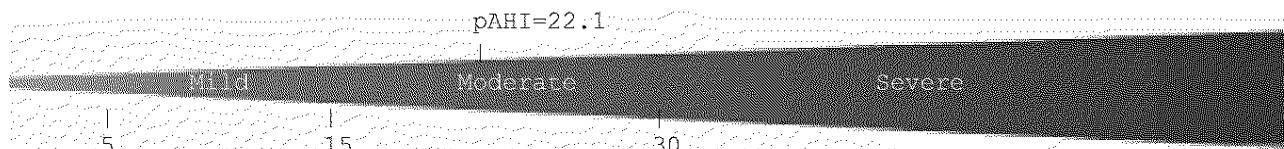
pRDI is calculated using oxi desaturation $\geq 3\%$

Indices are calculated using technically valid sleep time of 7 hrs, 8 min. Central-Indices are calculated using technically valid sleep time of 7 hrs, 2 min.

Cardiac Rhythm Analysis In Sleep

Suspected Atrial Fibrillation (h:mm:ss)	
Total duration	Not detected
Longest event duration	Not detected
Premature beats	
Events per min	1.1

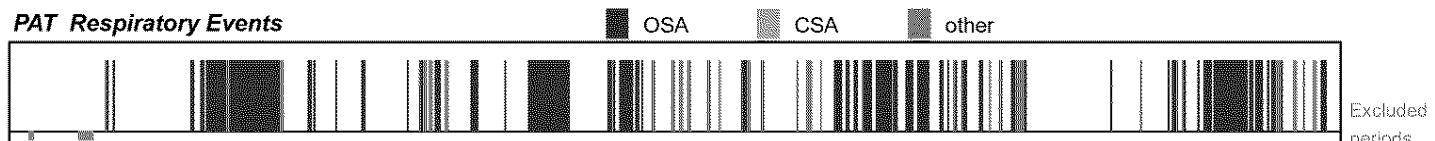
Events are calculated using technically valid sleep time of 7 hrs, 14 min.



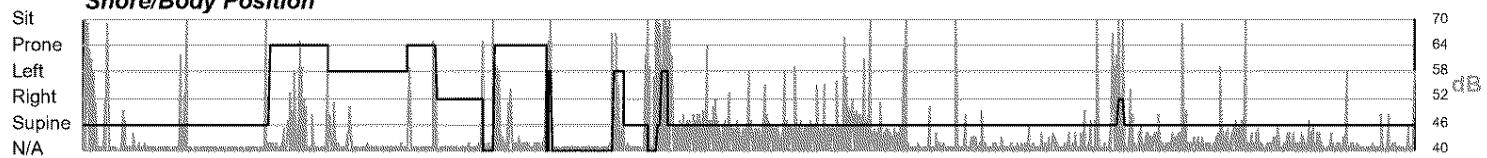
* Reference values are given by physician

Sleep Study Report

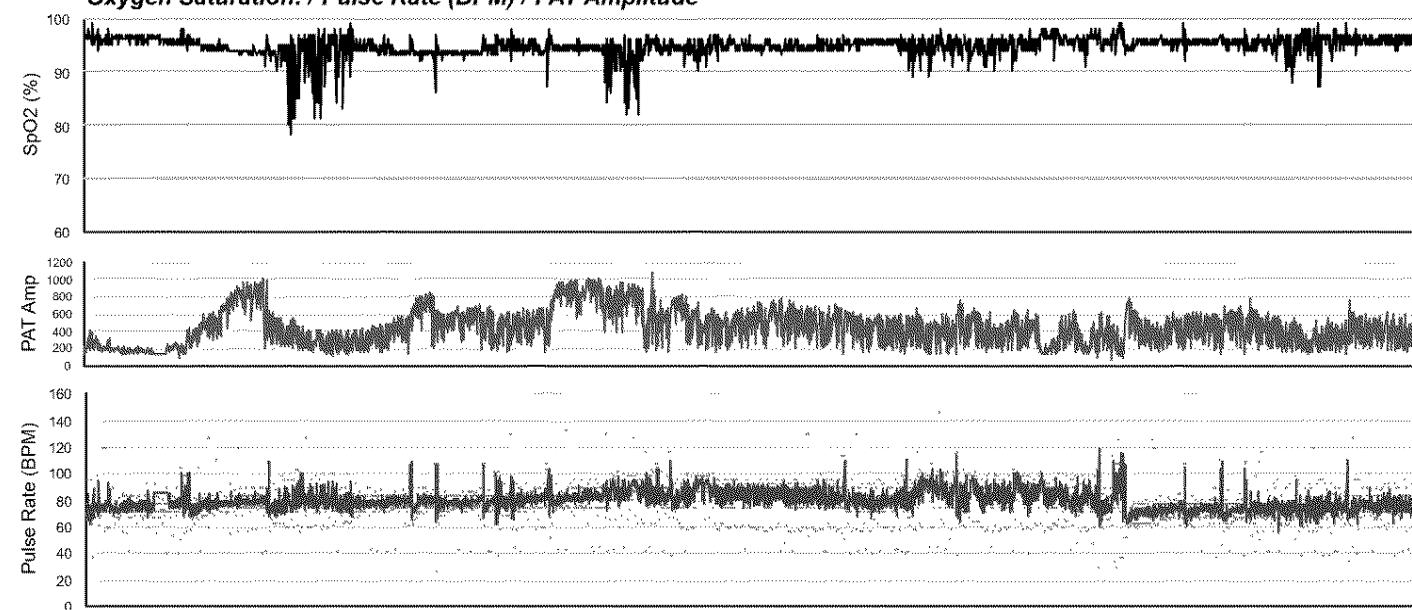
PAT Respiratory Events



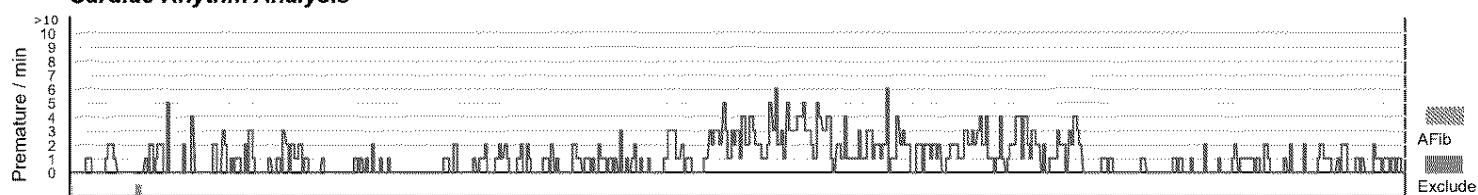
Snore/Body Position



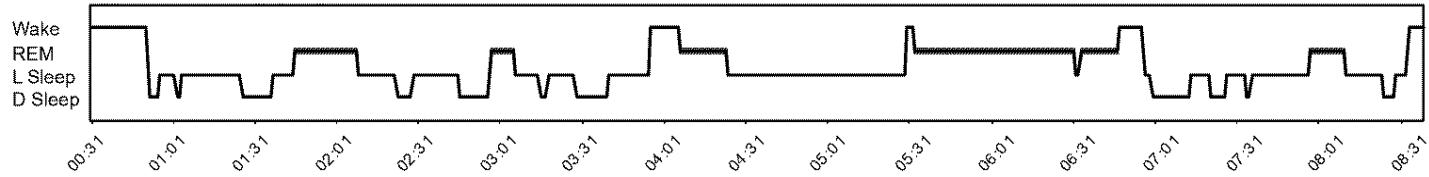
Oxygen Saturation: / Pulse Rate (BPM) / PAT Amplitude



Cardiac Rhythm Analysis



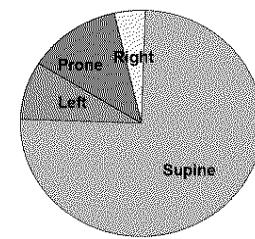
Wake / Sleep stages



Sleep Study Report

Body Position Statistics

Position	Supine	Prone	Right	Left	Non-Supine
Sleep (min)	305.4	51.0	17.0	34.0	102.0
Sleep %	70.3	11.7	3.9	7.8	23.5
pAHI 3%:	20.4	29.4	10.6	37.1	28.8
pAHI 4%:	13.4	23.6	3.5	31.8	23.0
ODI 4%:	11.2	24.7	3.5	15.9	18.2
pRDI	27.6	37.7	10.6	40.6	34.1

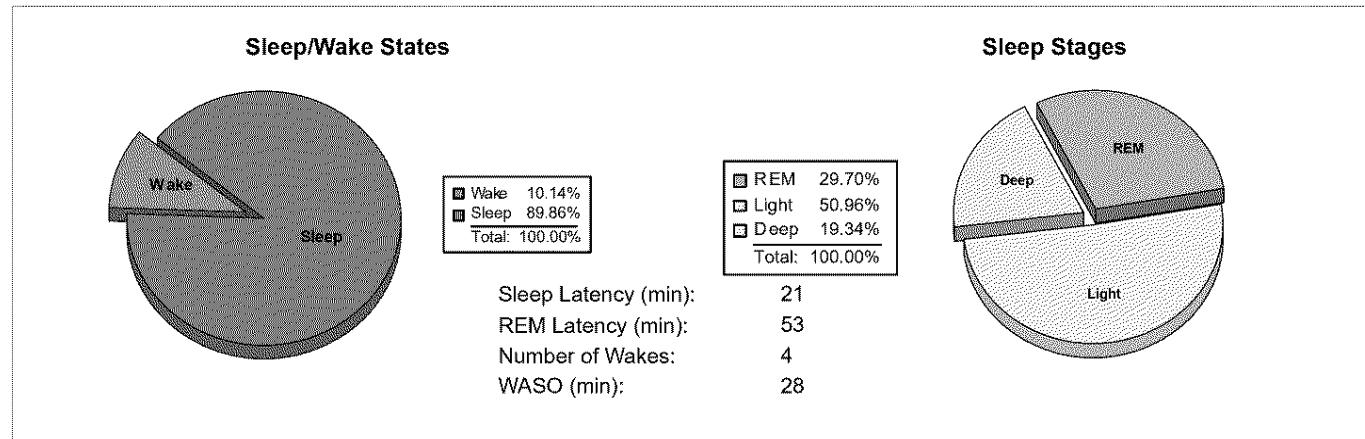


Snoring Statistics

Snoring Level (dB)	>40	>50	>60	>Threshold (45)
Sleep (min)	302.9	8.5	2.4	34.7
Sleep %	69.7	2.0	0.6	8.0

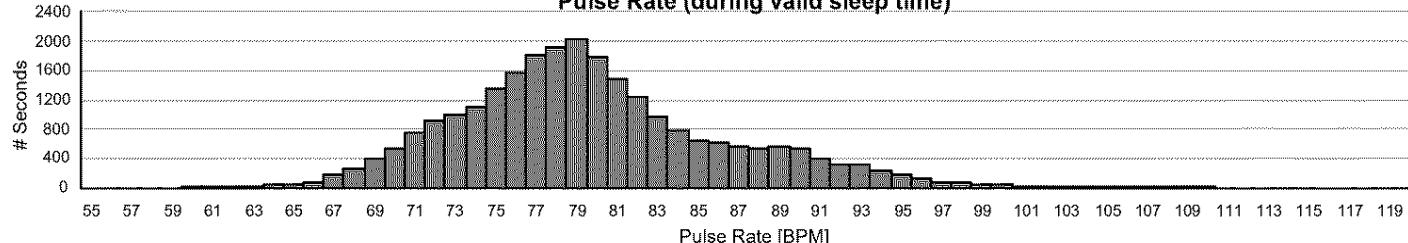
Mean: 42 dB

Sleep Stages Chart

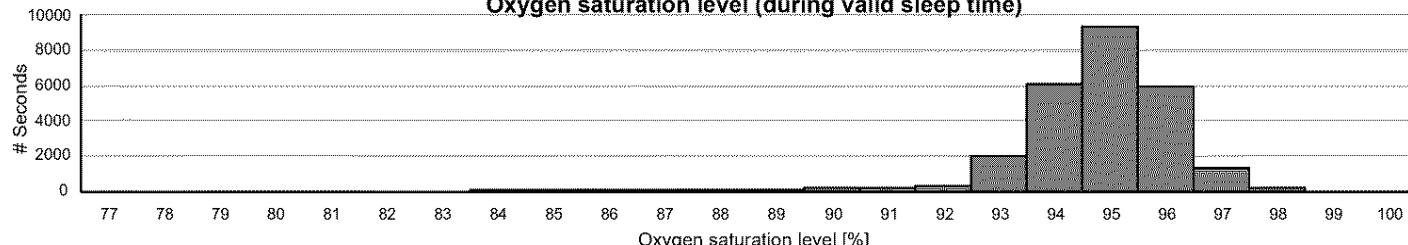


Sleep Study Report

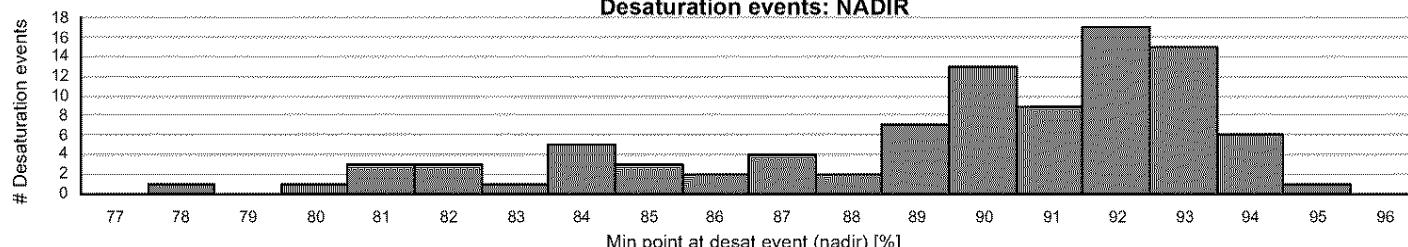
Pulse Rate (during valid sleep time)



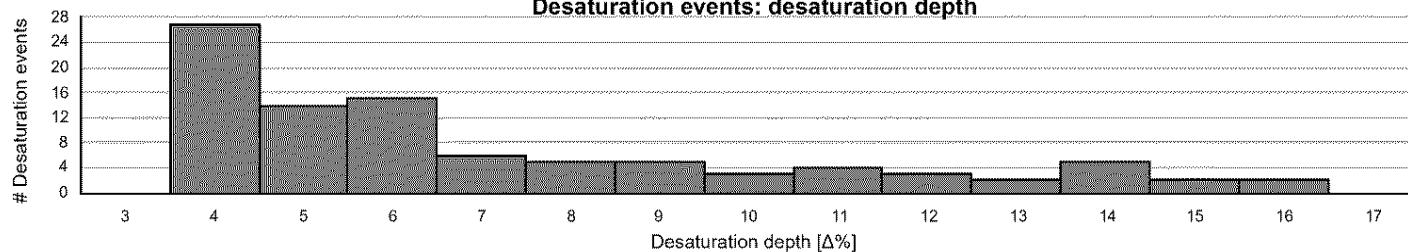
Oxygen saturation level (during valid sleep time)



Desaturation events: NADIR



Desaturation events: desaturation depth



Desaturation events: resaturation

