



Jeffrey R. Polito M.D.

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To: Ed Forman
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APNEA TRAK HOME SLEEP APNEA TEST

Patient: Forman, Edward **Study Date:** Type 3 PSG on 11/24/2025
DOB: 9/8/1953 **Patient Details:** Male, 72 years, 5'10",
MR#: FOREDXPTRH 209 lbs, BMI 30
Ref Physician: Stephen Vampola, MD

Recording Results	Minutes	Hours		
Total Recording Time (TRT):	425.0	7.1	Recording Start:	10:30:01 PM
Artifact Time:	0.0	0.0	Recording End:	6:30:00 AM
Monitoring Time:	425.0	7.1	Lights Out:	11:21:01 PM
			Lights On:	6:26:01 AM

Respiratory Events	AHI:	28.0						
	Count	Index	Body Position	Supine	Left	Right	Prone	Upright
Obstructive Apneas:	55	7.76	Minutes:	64	0	361	0	0
Mixed Apneas:	0	0.00	# Apneas:	27	N/A	28	N/A	N/A
Central Apneas:	0	0.00	# of Hypopneas:	9	N/A	134	N/A	N/A
Total Apneas:	55	7.76	AHI:	33.9	N/A	26.9	N/A	N/A
Total Hypopneas:	143	20.2	Snoring Index:	27.3	N/A	37.0	N/A	N/A
Total A + H:	198	28.0						

Oximetry	Monitoring Time	Supine	Left Side	Right Side	Prone	Upright
Mean SpO2:	93%	94%	N/A%	93%	N/A%	N/A%
Min SpO2:	82%	85%	N/A%	82%	N/A%	N/A%
Max SpO2:	99%	99%	N/A%	98%	N/A%	N/A%
ODI (3%):	14.40	28.26	N/A	11.96	N/A	N/A
	Minutes					
Time < 88%	2.8 min.					

Heart Rate:	MT
Mean Heart Rate:	66 bpm
Low Heart Rate:	55 bpm
Highest Heart Rate:	115 bpm

Recording Technique:

Airflow: Nasal and oral airflow was monitored using a pressure transducer via nasal/oral cannula and thermal based airflow.
Respiratory Effort: Thoracic and abdominal RIP or PVDF belts were applied to measure respiratory effort. **Oxygen Saturation and Pulse Rate:** SpO2 and heart rate was monitored by pulse oximetry. **Snoring:** via acoustic sensor and pressure transducer.
Body Position via accelerometer within the HSAT device. **Scoring Methodology:** All events were scored according the AASM Manual for the Scoring of Sleep and Associated events. Hypopneas were scored using the AASM rule 1A: a $\geq 30\%$ reduction of airflow amplitude with a 4% decrease in SpO2 for ≥ 10 seconds.

DISCUSSION: The technical quality of this study was excellent.

I certify that I have reviewed the entire raw data prior to issuance of this report.

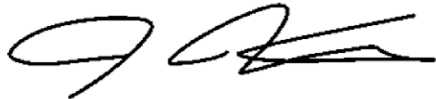
CONCLUSIONS

1. Moderate Obstructive Sleep Apnea (G47.33).

RECOMMENDATIONS:

1. Continue with CPAP therapy.
2. Significant weight loss should eliminate sleep apnea. Zepbound has been approved for treatment of moderate/severe obstructive sleep apnea with BMI ≥ 28 .

Patient will see Dr. Polito in follow up to discuss conclusions and recommendations for treatment.



Jeffrey R. Polito, MD
Diplomate of the American Board of Sleep Medicine

11-25-25
Date

Cc: Stephen Vampola, MD

