Patient name: _____

My CPAP info and checklist



Congratulations! At today's CPAP setup, you're taking the next big step toward sleeping and living better. Take notes as you learn, and keep this document with your medical records.

Date of setup:

Sleep tech/respiratory therapist's name:

Phone #:

Sleep tech/respiratory therapist's email address:

Physician's name:

Phone #:

CPAP machine name:

Serial # (11–13 digits):

Device # (3 digits):
Only for ResMed Air10™ machines

Mask name and size:

Track your CPAP data with myAir™ at **ResMed.com/myAir**

CHECKLIST:

Today we will cover the following…

- ☐ My sleep study results (events per hour): _____
- ☐ The type and severity of sleep apnea I have:

  _____
- ☐ Short- and long-term impacts of untreated sleep apnea
- ☐ How sleep apnea can affect other conditions like depression, obesity and heart disease
- ☐ How CPAP treats sleep apnea
- ☐ Mask fitting
- ☐ How to use and clean my mask and tubing
- ☐ When and why to replace CPAP parts
- ☐ Tips for easing into CPAP
- ☐ Review my CPAP machine's Quick Start Guide
- ☐ Learn how to track my CPAP data with myAir
- ☐ Register for free at **ResMed.com/myAir**



Notes…

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