

# Statement in Relation to Sleep Apnea

Patient name \_\_\_\_\_

Physician name \_\_\_\_\_

Patient has been diagnosed with sleep apnea and is currently being treated for the sleep apnea as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The patient's pulmonary hypertension is out of proportion to the sleep apnea, as evidenced by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax completed form to 800.711.3526**

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