

SLEEP APNEA CLINICAL SUMMARY

Report Date: _____/_____/_____

PATIENT NAME

DATE OF BIRTH / ID

REFERRING PHYSICIAN

STUDY TYPE (PSG/HST)

Metric	Result	Reference Range (Adult)
AHI (Apnea-Hypopnea Index)		Normal: < 5 events/hr
ODI (Oxygen Desaturation Index)		Normal: < 5 events/hr
Min SpO2 (Lowest Saturation)		Normal: > 90%
T90 (Time below 90% SpO2)		Clinical Significance: > 1 min
Average Heart Rate		60 - 100 bpm

Normal
AHI < 5
Mild
AHI 5 - 15
Moderate
AHI 15 - 30
Severe
AHI > 30

CLINICAL FINDINGS & TREATMENT PLAN

Physician Signature

Date Signed