

Home Sleep Test - Detail Report

Patient Information

[REDACTED]
 [REDACTED]
 Phone: [REDACTED]
 Gender: [REDACTED]
 Date of Birth: [REDACTED]
 MRN: [REDACTED]
 Height: [REDACTED] in Weight: [REDACTED] lbs BMI: [REDACTED]

Physician Information

[REDACTED]
 [REDACTED]
 [REDACTED]
 Phone: [REDACTED]
 Fax: [REDACTED]
 NPI: [REDACTED]

Provider Information

[REDACTED]
 [REDACTED]
 [REDACTED]
 Phone: [REDACTED]
 Fax: [REDACTED]

Recording Start: 5/28/2018 10:06:00 PM End: 5/29/2018 5:50:43 AM Duration: 7 hours 44 min 43 sec

Evaluation Start: 5/28/2018 10:16:00 PM End: 5/29/2018 12:05:57 AM Duration: 1 hours 49 min 57 sec

Test Condition: Room Air with Mouth Breather

