

Appointments and Compliance Record

We care about you enjoying the amazing health benefits of improved sleep quality. It is worth your best effort to wear your device as directed. This record is intended to help facilitate a timely and successful completion of your treatment.

Name: _____ **Today's Date:** _____

Estimated treatment time (ETT): _____ **Delivery Date:** _____

Estimated number of **Follow-Up Appointments planned**¹: _____

Date when a Signed Copy of **Compliance Contract & Tips** was given: _____

OPTIMAL TREATMENT OUTCOME REQUIRES WEARING DEVICE 16 HOURS/DAY
INITIAL _____

	Appt Date, Hrs Worn/Hrs Rx, Pt Initials, Note ²			
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____

	Appt Date, Hrs Worn/Hrs Rx, Pt Initials, Note ²			
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____
26	_____	_____	_____	_____

Office Use Instructions:

Note to assistant: Keep the original. Give the patient a copy as requested or after every 3 appointments.

1. To calculate the number of appointments every 4-6 weeks: ETT/1.25, for example, 24 month/1.25 is 19 appointments. Circle the 19 as the estimated last appointment. ONLY track follow up appointments.

2. **RCC:** Reviewed Compliance Contract and signed for a second time.

RAC: Reviewed contract and noted Additional Charges may apply IF the treatment time exceeds the ETT.

CFG: Copy of this Form Given to the patient.