

**Device Information**

Device Number: 1204E116  
 iCode Collection Date: 2012-9-21 0:00:00

**Provider Information**

Organization :  
 Street 1 :  
 Street 2 :  
 City :  
 Contact :

**Patient Information**

Patient ID:  
 Name: John Smith  
 Address:  
 Phone:  
 Sex: Male  
 Date: 1997-9-17 0:00:00  
 Therapy from: 0001-1-1 0:00:00

**Referring Physician Information**

Name :  
 Organization :  
 Street 1 :  
 Street 2 :  
 City :  
 Phone :

	Last 365 days	Last 182 days	Last 90 days	Last 30 days	Last 7 days	Last 1 day
Day Count	0	0	90	30	7	1
Days of Therapy(>4h)	0	0	53	22	5	1
Days of Therapy %	0%	0%	58%	73%	71%	100%
Avg. Daily Compliance(h:m)	00:00	00:00	7:28	7:33	7:52	4:13
Average P95(cmH2o)	0	0	11.5	11.5	11.5	13
Mean Pressure(cmH2o)	0	0	10.5	10.5	10.5	12
AHI	0	0	1.5	1.5	1.6	0.4
SNI	0	0	6.2	6.1	9	0.1
Best 30 Day Adherence Score	-	-	76%	-	-	-

