DOT SLEEP APNEA GUIDELINES

Your NECK CIRCUMFERENCE of ______ inches, HYPERTENSION history (Yes/No) and BODY MASS INDEX (BMI) of ______ place you at risk for SLEEP APNEA.

The FMCSA requires that you provide documentation that you have, or do not have, Sleep Apnea. Please review the below choices for obtaining that documentation.

1) If you have a Primary Care doctor, your doctor may know if you have Sleep Apnea or not. Your doctor can provide the documentation needed.

2) If you do not have a doctor, you may go to an Urgent Care, or other medical facility, to be evaluated for Sleep Apnea. That medical facility can provide the documentation needed.

3) *If you do not have a Primary Care doctor, and you do not wish to go to an Urgent Care facility, Caduceus USA can coordinate the Sleep Apnea diagnostic test for $570. [We have a financing option available]. It will take approximately 14 (fourteen) days to complete the testing and receive your complete evaluation report.

If NO diagnosis of SLEEP APNEA is made, you will need to provide a written statement on office letterhead from your physician stating, "You do NOT have SLEEP APNEA."

If you are diagnosed with SLEEP APNEA, after a minimum of 30 days use of the CPAP, you will need your Compliance Report from your CPAP device.

NOTE: The Compliance Card on your CPAP device will have to be read by the company who provided your machine. You will need to take this print out with you to your regular doctor appointments for physician review.

According to DOT GUIDELINES, required CPAP compliance is a minimum use of 4 hours per night. You need to use it more than 70% of the time four hours per night. The compliance card on your CPAP Device keeps track of the hours of compliance and must be read to prove compliance.

PLEASE bring this information with you to your next DOT Physical exam.

*For any additional questions/concerns please contact:
Daren Green @ (404) 254-5767 x2254 or dgreen@caduceususa.com

______________________________________________________________
PATIENT SIGNATURE

DATE __________________________________________________________