

日付 (英文)

TO: \_\_\_\_\_ 相手方の医師名 (分かっている場合)

病院名 \_\_\_\_\_ (分かっている場合)

住所 \_\_\_\_\_ (分かっている場合)

RE: 患者名 \_\_\_\_\_ (英文)

患者の性別と年齢 \_\_\_\_\_ (英文)

患者の連絡先 \_\_\_\_\_ (英文)

Dear Dr. \_\_\_\_\_, もしくは To whom it may concern,

I am referring \_\_\_\_\_ (患者さんの名前) to your clinic to receive nasal CPAP (continuous positive airway pressure) treatment for obstructive sleep apnea syndrome.

The patient should be seen at your earliest convenience.

Based on following findings, the patient has been diagnosed as mild/moderate/severe obstructive sleep apnea syndrome on \_\_\_\_\_ (診断時の日付), and has been on CPAP treatment since \_\_\_\_\_ (治療開始の日付).

BMI \_\_\_\_\_ 血圧 \_\_\_\_\_ ESS \_\_\_\_\_ (服用している薬など必要あれば記載)

Overnight polysomnography: PSG(所見) \_\_\_\_\_

Symptoms: (自覚症状) \_\_\_\_\_

I have enclosed the following for your reference:

Diagnostic report of overnight polysomnography (診断時の PSG レポートを英文で出して添付する)

Please contact me with any questions regarding my findings or to fully discuss an appropriate treatment plan.

Sincerely,

担当医師のサイン

担当医師の名前 (英文), M.D.

医師の役職 (英文)

医療機関名 (英文)

連絡先 (英文)