

## Patient Profile

### Patient Information

Patient Name: Mr Dennis Lauzon  
Patient ID:  
Date of Birth: Age:  
Gender:

### Contact Details

Address:  
Telephone Numbers:  
E-Mail:

### Insurance

Insurance Carrier: Membership Number: Member Since: 6/10/2010

### Doctor

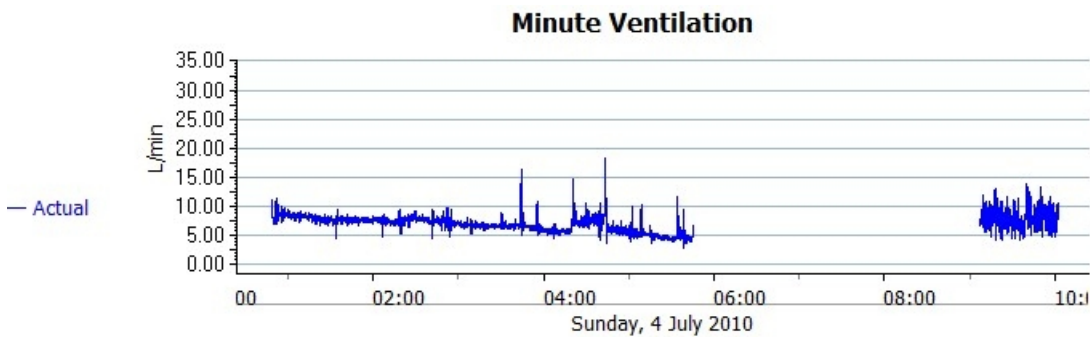
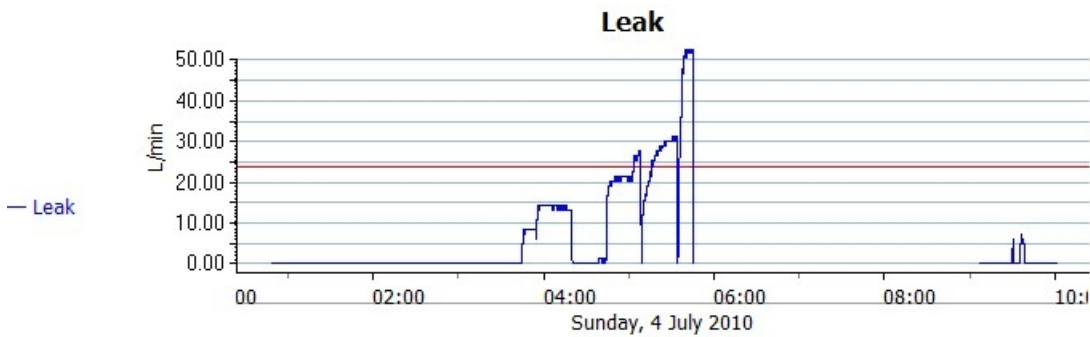
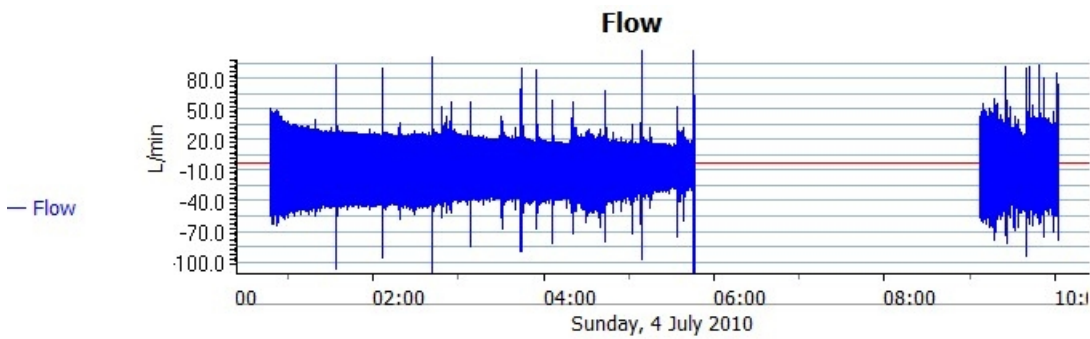
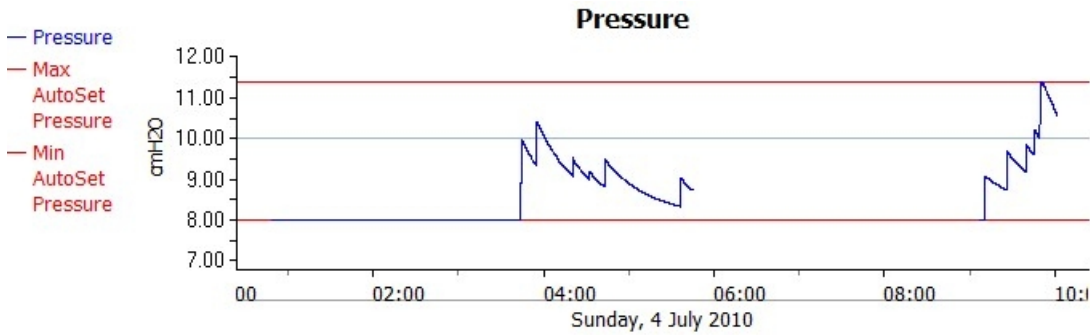
Treating Doctor: Clinic:  
Referring Doctor: Clinic:

### Equipment Information

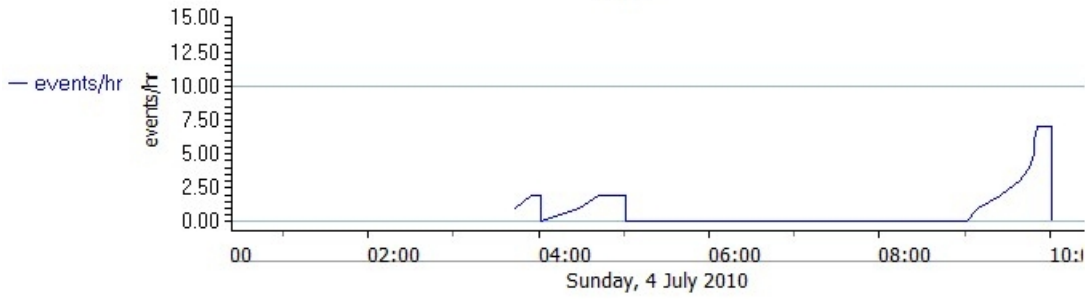
Flow Generator: Flow Generator Serial Number: Owner: Yes  
Flow Generator Software Version:  
Humidifier: Humidifier Serial Number: Owner: Yes  
Data Module: Data Module Serial Number: Owner: Yes  
Data Module Software Version:  
Mask:  
Data Card: No

# Detailed Graphs

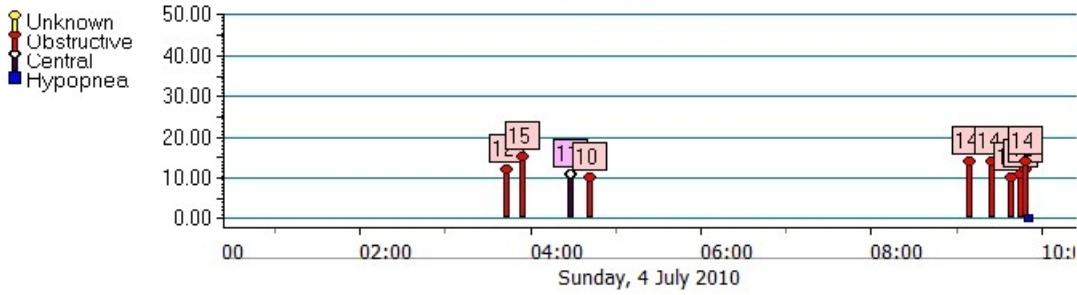
7/3/2010



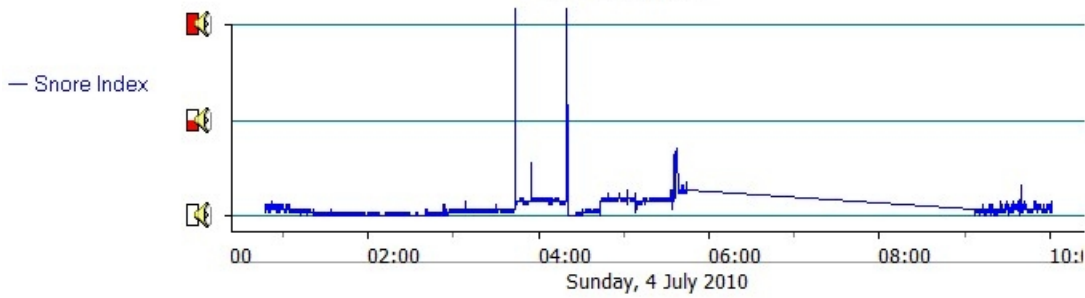
**AHI**



**Events**



**Snore Index**



**Flow Limitation**

