

## CPAP Equipment Checklist

**\*\*\*Your CPAP machine will be required to be brought to the hospital on the day of your surgery.**

### CPAP Unit:

**Brand** (i.e. Respmed, Respiroonix, Fisher-Pickel): \_\_\_\_\_

**Supplier's name & phone number** \_\_\_\_\_

**Mask Type** (i.e. Nasal, Full Mask, Nasal Pillow, etc.): \_\_\_\_\_

**My CPAP pressure prescription:** \_\_\_\_\_ **cm H2O**

**Do you use heated humidity? Yes/No** (please circle one).

**When was your last sleep study?** \_\_\_\_\_

**Any weight gain or loss since your last sleep study? Yes/No** (please circle one). **How much?** \_\_\_\_\_