

Patient Notifications

Quick Reference Guide



Compliance Notification

This notification is sent when a patient has achieved 4 or more usage hours for 21 days in a 30-day period.

Email and Voice:

Patient's first and last name

Congratulations from *your company's name!* We're pleased to inform you that you've met your overall goal for proper use of your sleep therapy. As you start to see the benefits in your life, you'll never look back.

For more information, please call us at *your company's phone number.*

Thank you.

Text:

Congratulations from *your company's name!* You've met your overall goal for proper use of your sleep therapy. For more info, please call *your company's phone number. (5-digit notification reference number)*

Low Usage Notification

This notification is sent when a patient has less than 4 hours usage for 3 days in a row.

Email and Voice:

Patient's first and last name

Are you finding it difficult to use your sleep therapy?

The team at *your company's name* noticed that you missed your usage goal or had interrupted sleep. Using your machine for 4 hours each night could help you enjoy better sleep and a better quality of life.

If you need more support, please call us at *your company's phone number.*

Thank you.

Text:

The team at *your company's name* noticed that you had low usage or interrupted sleep. To get more support, please call *your company's phone number. (5-digit notification reference number)*

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