**CPAP Resmed S9 device – Annual compliance data**

**Name:**

**Hospital no:**

|  |  |
| --- | --- |
|  | **Year**  |
| **Serial Number** |  |
| **Set pressure cmH20** |  |
| **Days used\*** |  |
| **Days > 4 hours** |  |
| **Average usage** |  |
| **Used hours** |  |

\*Please be sure to record data for 365 days rather than 30 days. If you are not sure please do not erase data and get in touch with us.

Completed by:

Date: