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Please construct a TrueFIT™ Custom Mask for the following patient who has been prescribed CPAP therapy and whose treatment is being managed by me:

Patient details:

Surname _____ First name _____

Address _____

DOB _____

Date of diagnosis: _____ Diagnosed CPAP pressure: _____ cm H₂O

Notes/special instructions:

Referring organisation:

Organisation name and location: _____

Referring health practitioner name: _____

Contact telephone number: _____

Signature of health practitioner: _____ Date: _____