

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Organization/Hospital Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to you as a companion for [Patient's Name], who has been diagnosed with sleep apnea. As you are aware, this condition significantly impacts [his/her/their] quality of life and presents challenges that require understanding and support from both healthcare providers and companions.

[Patient's Name] experiences [brief description of symptoms and effects of sleep apnea, e.g., excessive daytime sleepiness, fatigue, etc.]. These symptoms affect not only [his/her/their] daily activities but also [his/her/their] overall well-being.

I have been actively involved in [his/her/their] care by [describe how you assist or support the patient, e.g., reminding about CPAP usage, accompanying to appointments, monitoring symptoms, etc.]. It is important for me to communicate the challenges [Patient's Name] faces and how I can assist in managing [his/her/their] condition effectively.

I appreciate your support and any recommendations you may have to improve [Patient's Name]'s treatment plan. Together, we can work towards a more effective approach to managing sleep apnea and enhancing [his/her/their] quality of life.

Thank you for your attention to this matter. I look forward to your guidance and assistance.

Sincerely,

[Your Name]

[Your Relationship to the Patient]