[PHYSICIAN’S LETTERHEAD]

[DATE]

[DR. NAME]

[CENTER]
[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME]:

As a [SLEEP PHYSICIAN OR INSERT OTHER PHYSICIAN SPECIALTY], you likely encounter patients who suffer from central sleep apnea (CSA). CSA is a serious breathing disorder leading to poor cardiovascular outcomes and negatively affecting quality of life. While some patients with CSA can be treated adequately, others may fail to respond to available treatment options and remain symptomatic. Mask intolerance, inability to effectively titrate, poor long-term compliance, and reduced ejection fraction all may be challenges you have encountered with central sleep apnea patients.

**rem**edē® was FDA-approved in 2017 for adult patients with moderate to severe central sleep apnea.1 It is a fully implantable therapy that activates automatically each night. It uses electrical signals to stimulate the phrenic nerve and activate the diaphragm, maintaining a natural breathing pattern and rate while the patient is sleeping. It is approved for all etiologies of CSA, including CSA with concomitant heart failure.1

Phrenic nerve stimulation has shown through clinical trials to substantially improve sleep apnea, sleep quality, and quality of life.

* 99% reduction in Central Apnea Index (CAI) and 67% reduction in Apnea-Hypopnea Index (AHI), with corresponding improvements in arousals, oxygenation, and % REM sleep2
* 82% of patients reported an improvement in quality of life3
* 94% of patients reported they would “elect to have the medical procedure again”3
* 5-year data published in *Nature and Science of Sleep4* demonstrates sustained efficacy and safety of the therapy

**rem**edē is implanted by a cardiac electrophysiologist, in an outpatient procedure using similar techniques to a transvenous cardiac pacemaker implant. Therapy is activated approximately one month following implant. Patients typically require two or three additional appointments to fine-tune programmable therapy settings.

**I would ask that as you evaluate patients in your daily practice, you consider referring patients who may be candidates for this therapy.**

If you would like to learn more about the therapy or would like to discuss a specific case, please contact me directly at [INSERT PHONE OR EMAIL]. I look forward to working with you to offer an option for your patients.

Sincerely,

[DOCTOR NAME]

[TITLE]

[INSTITUTION]