

**Physician**

Name: [REDACTED]

NPI: [REDACTED]

**Patient**

Name: [REDACTED]

Height: 72.00

Street: [REDACTED]

Weight: 211.00

City, State, Zip: [REDACTED]

BMI: 28.60

Date of Birth: [REDACTED]

Test Condition: CPAP

Medical Record Number: [REDACTED]

Test Type: Alice Night One Level III

**Recording**

**Evaluation:**

Date: 7/15/2018

Start: 2:41:09 AM

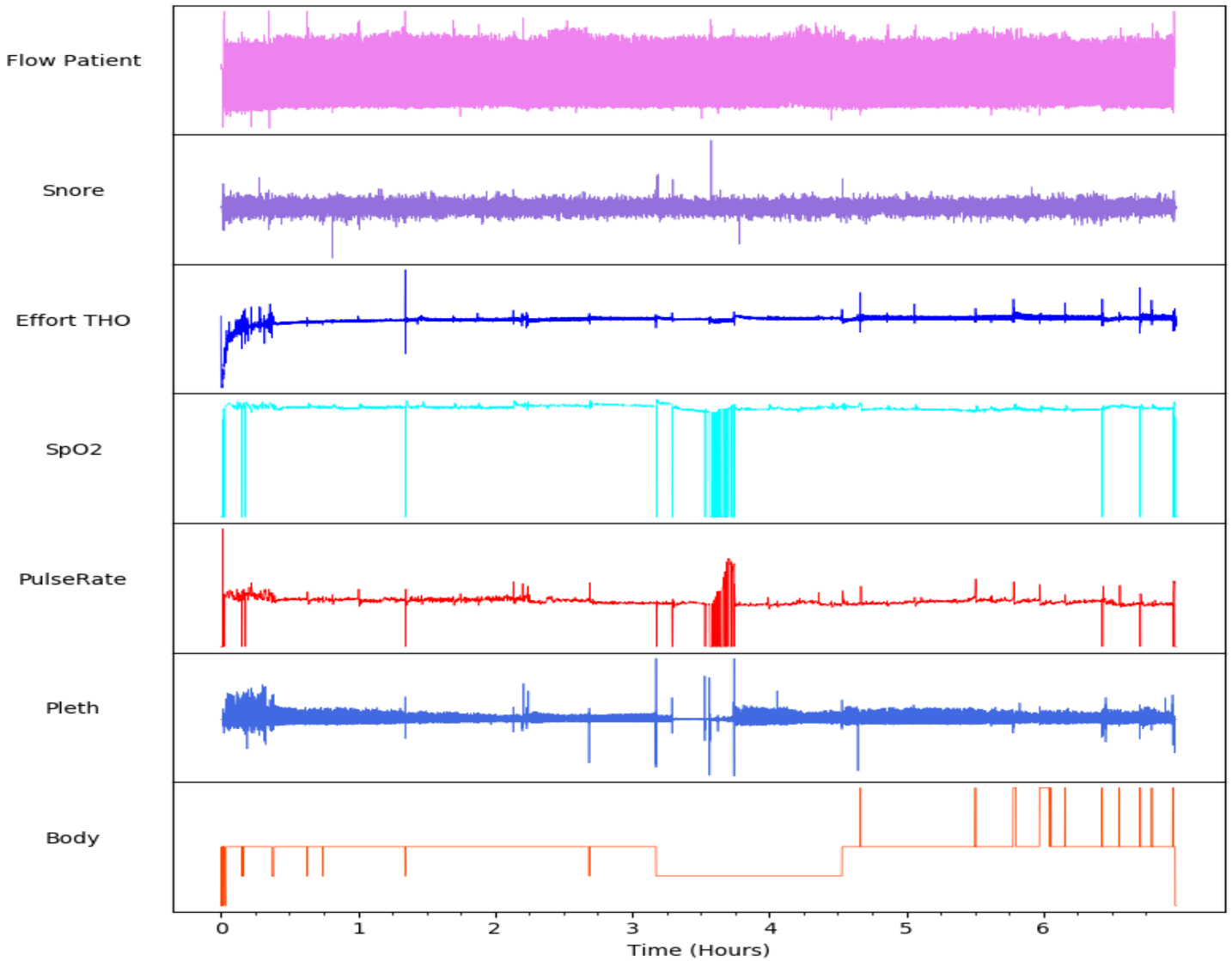
Start: 2:41:09 AM

End: 9:39:21 AM

End: 9:39:21 AM

Duration: 6 hours 58 min 12 sec

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