

Prescription / Letter of Medical Necessity

Ordering Physician	Physician's Address	Supplier	Supplier Information
Phone _____	_____	CPAP.com (US Expeditors, Inc)	Fax 1-866-353-2727
Fax _____	_____	13235 N Promenade	1-713-541-7370
		Stafford, TX 77477	TX License 0062550
			TX Tax ID 760521364

Patient: _____ **DOB:** _____

CPAP.com is requesting this document with authorizations from and at patient's request (See Page 2).

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric g47.33 Other unspecified sleep apnea, 780.57
 Hypersomnia with sleep apnea, unspecified 780.53

Machine Type(s)

- CPAP or APAP (E0601) Pressure or Pressure Range: _____ CM/H2O
 BiPAP / BiLevel / VPAP (E0470) Pressure or Pressure Range: _____ CM/H2O
 BiPAP ST / BiLevel ST / VPAP ST (E0471) Pressure or Pressure Range: _____ CM/H2O
 BiPAP SV / BiLevel SV / VPAP SV (E0471) Pressure or Pressure Range: _____ CM/H2O

Humidifier(s)

- Patient Preference Heated Humidifier (E0562)
 Passover Humidifier (E0561)

CPAP Mask/Interface/Delivery System:

- CPAP Mask, Patient Preference
 Other: _____ Size: _____

Supplies:

- All Related Supplies

The following dispensable equipment is necessary for the proper use of the equipment and is not a part of the CPAP, BiLevel, BiLevel ST, BiLevel SV or AVAPs machine when purchased and needs to be replaced on a regular basis:

- | | | |
|---------------------------|---|--------------------------------|
| Full Face Mask (A7030) | Headgear (A7035) | Oral Interface (A7044) |
| Full Face Cushion (A7031) | Chinstrap (A7036) | Exhalation Port/Swivel (A7045) |
| Nasal Mask (A7034) | Tubing (A7037) | Humidifier Chamber (A7046) |
| Mask Cushion (A7032) | Disposable Filters (A7038) | Non-Disposable Filters (A7039) |
| Nasal Pillows (A7033) | Heated Humidifier Tubing w/ Heating Element (A4604) | |

The above named patient was diagnosed as indicated. Due to the potentially dangerous consequences of disturbed sleep and sleep deprivation, which include the possibility of falling asleep in critical situations, treatment of this condition is considered mandatory rather than elective, on a nightly basis for a long term to lifetime duration (99 months).

Physician's Signature: _____ **NPI:** _____

Date: _____ **License:** _____

Please Fax To: 1-866-353-2727

I want free educational material sent to my office regarding Sleep Apnea and CPAP for my patients.

Do not fax me further prescription requests on behalf of patients.
Opt Out Fax: 1-866-353-2727 Opt Out Phone: 1-800-356-5221

For Order #