Prescription / Letter of Medical Necessity

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• ,	Physician's Address	Supplier CPAP.com (US Expediters,	Supplier Information Inc.) Fax 1-866-353-2727
Phone			1-713-541-7370 TX License 0062550
		Stafford, TX 77477	TX Tax ID 760521364
Patient:]	OOB:
CPAP.com is reque	esting this document with	authorizations from and at patier	nt's request (See Page 2).
Diagnosis:			
	pnea, Adult Pediatric g47 leep apnea, unspecified 7		sleep apnea, 780.57
Machine Type(s)			
☑CPAP or APAP (E06	301)	Pressure or Pressure Range:	CM/H2O
□BiPAP / BiLevel / VF		Pressure or Pressure Range:	CM/H2O
	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)			a.
	(E0561)	☐Heated Humidifier (E0562)
Supplies: ✓ All Related Supplies	i		
and is not a part of th		essary for the proper use of th vel ST, BiLevel SV or AVAPs m gular basis:	
Full Face Mask (A70	•	•	erface (A7044)
Full Face Cushion (A			on Port/Swivel (A7045)
Nasal Mask (A7034)			er Chamber (A7046)
Mask Cushion (A703			posable Filters (A7039)
Nasal Pillows (A703	3) Heated Hu	midifier Tubing w/ Heating Eleme	ent (A4604)
disturbed sleep and sle	eep deprivation, which ind tion is considered manda	dicated. Due to the potentially dated the possibility of falling asletory rather than elective, on a nig	eep in critical situations,
Physician's Signa	ture:	NF	Pl:
		Licens	e:
		To: 1-866-353-2727	
☐ I want free education		ffice regarding Sleep Apnea and	
- I want hee educatio	nai material sent to my of	moo regarding oleep Aprilea and	of All for my patients.

 \Box 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