

# 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

## Treatment:

- Provent Sleep Apnea Therapy (E1399)

## Supplies:

- All Related Provent Replacement Supplies (E1399)

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 #**