

Prescription / Letter of Medical Necessity

Ordering Physician	Physician's Address	Supplier	Supplier Information
_____	_____	CPAP.com (US Expeditors, Inc)	Fax 1-866-353-2727
Phone _____	_____	10101 Stafford Centre Dr, Suite B	TX License 0062550
Fax _____	_____	Stafford, TX 77477	TX Tax ID 760521364

Patient: _____ **DOB:** _____

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric 327.23 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
 VPAPs (E0470) 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