

Prescription / Letter of Medical Necessity

Ordering Physician _____ Phone: _____ Fax: _____	Physician's Address _____ _____ _____	Supplier cpapRX.com 120 Park Avenue, Suite 1 Beaver Dam, WI 53916	Supplier Information Fax 1-920-356-6419 Phone: 1-833-216-2727 WI Tax ID 2721-21295
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Patient: _____ **DOB:** _____

cpapRX.com is requesting this document with authorization and request from the patient.

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric G47.33 Other unspecified sleep apnea, G47.30
 Hypersomnia with sleep apnea, unspecified G47.10

Machine Type(s)

- | | |
|--|--|
| <input type="checkbox"/> CPAP or APAP (E0601) | Pressure or Pressure Range: _____ CM/H2O |
| <input type="checkbox"/> BiPAP / BiLevel / VPAP (E0470) | Pressure or Pressure Range: _____ CM/H2O |
| <input type="checkbox"/> BiPAP ST / BiLevel ST / VPAP ST (E0471) | Pressure or Pressure Range: _____ CM/H2O |
| <input type="checkbox"/> 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: 1-920-356-6419 For Order # _____