CHEAP CPAP SUPPLIES .com

**Toll Free Fax: 1-866-903-3640**

## PATIENT INFORMATION:

**Patient Name:**_____ **DOB:**_____ **Phone:** _____

**Address:** _____ **City:** _____ **State:** _____ **ZIP:** _____

## PRESCRIBER INFORMATION:

**Prescriber's Name:** _____ **NPI #:** _____

**Fax:** _____ **Phone:** _____

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**DIAGNOSIS:** **327.23 (OBSTRUCTIVE SLEEP APNEA)** Length of Need: **99**

**This order covers CPAP/BiPAP replacement OR supplies. If the settings and mask are unknown, please leave blank and we will auto-retitrate the patient to ensure proper pressure settings. We will monitor compliance and supply replacement for this patient.**

☒ **CPAP** (E0601) ☒ **BIPAP** (E0470) ☒ **AUTO-TITRATE THE CPAP/BiPAP** Pressure Range: 5-20cmH2O
x A7034 Nasal Interface x A7035 Headgear x A7039 Non-disposable Filter x A9901 Setup & Delivery x A7030 Full Face Mask
x A7036 Chinstrap x A7044 Oral Interface x A7033 Nasal Pillows x A7037 Tubing x A7038 Disposable Filter
x A9279 Monitoring Feature x E0562 Heated Humidifier x A7045 Exhalation Port

☒ **REPLACEMENT CPAP SUPPLIES NEEDED**
x A7034 Nasal Interface x A7035 Headgear x A7039 Non-disposable Filter x A9901 Setup & Delivery x A7030 Full Face Mask
x A7036 Chinstrap x A7044 Oral Interface x A7033 Nasal Pillows x A7037 Tubing x A7038 Disposable Filter

**PATIENT'S CURRENT CPAP SETTINGS:**

**Size and type of mask:**_____

**Current PAP Pressure Setting:**_____ **CM/H20**

**Comments:**_____

_____

******PLEASE INCLUDE A COPY OF THE PATIENT'S SLEEP STUDY IF POSSIBLE******

**Physician's Signature:** _____ **Date:**_____

**FAX ORDERS TOLL FREE TO: 1-866-903-3640**