



Request for Physician Order and Patient Verification

We have a mutual patient. We are a retail DME specializing in CPAP therapy. This form is used to confirm the medical necessity of your patient to receive needed CPAP related equipment. Please help us obtain the appropriate signature and avoid any disruption of therapy. Questions or comments should be directed to 1-888-494-4647.

PATIENT AND PHYSICIAN INFORMATION	
Patient Name:	Date of Birth:
Address:	Home Phone: Cell:

Physician Name:	Practice Name:
Office Address:	Office Phone: Office Fax:

Prescription information will apply to all needed products and materials for sleep therapy, to include machine, masks, tubing, filters, and other replacement supplies.

PHYSICIAN DIRECTIVES (as required)			
Diagnosis Code	Machine Type	Pressure Settings	Pressure Relief
<input type="radio"/> 327.23 Obstructive Sleep Apnea <input type="radio"/> Other: _____	<input type="radio"/> CPAP <input type="radio"/> Auto CPAP <input type="radio"/> BiPAP <input type="radio"/> Auto BiPAP	CPAP @ _____ cm/H ₂ O APAP @ ___ to ___ cm/H ₂ O IPAP @ _____ cm/H ₂ O (BiPAP) EPAP @ _____ cm/H ₂ O (BiPAP)	<input type="radio"/> Use Pressure Relief (C-Flex, EPR, SmartFlex) <input type="radio"/> Patient Discretion
Data Recording	Brand Preference	Mask Type Preference	Notes
<input type="radio"/> Not Required <input type="radio"/> Yes, via data card or code <input type="radio"/> Yes, via modem or module <input type="radio"/> Patient Discretion	<input type="radio"/> DeVilbiss <input type="radio"/> Philips Respironics <input type="radio"/> ResMed <input type="radio"/> Fisher & Paykel <input type="radio"/> Patient Discretion	<input type="radio"/> Nasal <input type="radio"/> Nasal Pillows <input type="radio"/> Full Face <input type="radio"/> Patient Discretion <input type="radio"/> Exact: _____	

___ Please dispense CPAP supplies as needed.

MD/PA Signature _____ Date ____ / ____ / ____

Please sign and fax completed form and any other supporting documentation to TheCPAPPeople.com - Fax: 1-866-293-9890

TheCPAPPeople.com, 7485 Whitepine Rd., Richmond VA, 23237
 Tel: 1-888-494-4647 Fax: 1-866-293-9890

This form can be downloaded from <http://www.TheCPAPPeople.com/pdfs/rxrequest.pdf>