Prescription / Letter of Medical Necessity

•	Dhaddan Addan	Ometical Control	
Ordering Physician	Physician's Address	Supplier CPAP.com (US Expediters, Inc)	Supplier Information Fax 1-866-353-2727
F	_		1-713-541-7377 TX License 0062550
		Stafford, TX 77477	TX Tax ID 760521364
Patient:		DOB:	
CPAP.com is requesti	ing this document with	authorizations from and at patient's re	quest (See Page 2).
Diagnosis:			
☐ Obstructive Sleep Apn☐ Hypersomnia with slee	,	•	apnea, 780.57
Machine Type(s)			
☑CPAP or APAP (E060		Pressure or Pressure Range:	CM/H2O
☐BiPAP / BiLevel / VPAI	,	Pressure or Pressure Range:	CM/H2O
☐ BiPAP ST / BiLevel ST	` ,	Pressure or Pressure Range:	
□BiPAP SV / BiLevel SV	7 / VPAP SV (EU471)	Pressure or Pressure Range:	CM/H2O
Humidifier(s)			74/127
□ Patient Preference	□He	eated Humidifier (E0562)	▋▍⋸▄▐▐▋▐
□ Passover Humidifier (E		,	
CDAD Mack/Interface/D	alisama Cuatama		
CPAP Mask/Interface/D □ CPAP Mask, Patient P		~~	─ ₹ ₩₩₩
☐Other:			TYMEX.
			MIN 34
Supplies:		_	
☐ All Related Supplies			
the equipment and is no	ot a part of the CPAP,	essary for the proper use of , BiLevel, BiLevel ST, BiLevel needs to be replaced on a	
Full Face Mask (A7030) Headgear	(A7035) Oral Interface	(A7044)
Full Face Cushion (A70	O31) Chinstrap ((A7036) Exhalation Po	ort/Swivel (A7045)
Nasal Mask (A7034) Mask Cushion (A7032)	Tubing (A7	(037) Humidifier Ch e Filters (A7038) Non-Disposat	amber (A7046) ble Filters (A7039)
Nasal Pillows (A7033)		midifier Tubing w/ Heating Element (A	` ,
rtadar r mono (r tr dod)	1104104114	mamor rabing withouting Element (2)	. 100 1)
disturbed sleep and sleep	o deprivation, which inc n is considered manda	dicated. Due to the potentially dangero clude the possibility of falling asleep in tory rather than elective, on a nightly b	critical situations,
Physician's Signatur	·o·	NPI:	
		License:	
Da		To: 1-866-353-2727	
□ I want from advisations			O for my nationts
		ffice regarding Sleep Apnea and CPAI To opt out fax 1-866-353-2727 or call	

For Order #0

Patient Release of Records Authorization To Collect Prescription

CPAP.com (US Expediters, Inc.) 13235 N Promenade, Stafford, TX 77477 Toll Free Phone: 1-800-356-5221 Fax: 1-866-353-2727 Email: cpap@cpap.com

Patient release of records and authorization to collect prescription:

I hereby authorize US Expediters, Inc. (CPAP.com) to request on my behalf and to collect directly all necessary prescriptions and documentation relating to my purchases of CPAP equipment through CPAP.com or its affiliates.

Should CPAP.com be unable to collect my prescription, I accept responsibility for collecting it myself. I understand that CPAP.com will not ship my order until a prescription is on file.

I further authorize the release of any information necessary to process my order, including medical record information from a physician or hospital, and release the physician and hospital from any legal responsibility as a result of the release of such information.

Additionally, I authorize US Expediters, Inc. (CPAP.com) to allow a confidential review of the file of my treatment, etc. if requested by any state, federal or accreditation agency.

Electronically Signed By on from .

Regarding Electronic Signatures

- (a) In general Notwithstanding any statute, regulation, or other rule of law (other than this subchapter and subchapter II of this chapter), with respect to any transaction in or affecting interstate or foreign commerce (1) a signature, contract, or other record relating to such transaction may not be denied legal effect, validity, or enforceability solely because it is in electronic form; and
- (2) a contract relating to such transaction may not be denied legal effect, validity, or enforceability solely because an electronic signature or electronic record was used in its formation.

Code Of Federal Regulations, Title 15, Chapter 96, Subchapter I, 7001