Prescription / Letter of Medical Necessity

•	ption / Lott		
Ordering Physician	Physician's Address	Supplier CPAP.com (US Expediters, Inc)	Supplier Information Fax 1-866-353-2727
		13235 N Promenade	1-713-541-7377 TX License 0062550
Fax	_	Stafford, TX 77477	TX Tax ID 760521364
Patient:		DOB:	
CPAP.com is request	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 / VPA		Pressure or Pressure Range:	CM/H2O
☐BiPAP ST / BiLevel ST☐BiPAP SV / BiLevel SV	` ,	Pressure or Pressure Range: Pressure or Pressure Range:	CM/H2O CM/H2O
DIFAF SV / DILEVEI SV	// VPAP 3V (EU4/1)	Flessule of Flessule Range.	CIVI/FIZO
Humidifier(s)			
□Patient Preference	□Heated	Humidifier (E0562)	
□ Passover Humidifier (E			╼╻
	Active my Create me		111
CPAP Mask/Interface/D	• •		
□ CPAP Mask, Patient F □ Other:		786	~~~ 5-6
	_ 0.20.	_ ~~~	
Supplies:			.ab-b-
✓ All Related Supplies			LTOP
The following dispense	ahle equinment is nec	essary for the	P7 36
proper use of the equip BiLevel, BiLevel ST, Bi purchased and needs t	oment and is not a par Level SV or AVAPs m	rt of the CPAP, achine when	~ • ~ •
Full Face Mask (A7030	•		(A7044)
Full Face Cushion (A7)	031) Chinstrap ((A7036) Exhalation Po	ort/Swivel (A7045)
Nasal Mask (A7034)	Tubing (A7	'037) Humidifier Ch	amber (A7046)
Mask Cushion (A7032)	•	e Filters (A7038) Non-Disposat Imidifier Tubing w/ Heating Element (A	ble Filters (A7039)
Nasal Pillows (A7033)	пеасей пи	midiller rubing w/ Heating Element (A	(4004)
		dicated. Due to the potentially dangero	
		clude the possibility of falling asleep in	
lifetime duration (99 mor		tory rather than elective, on a nightly b	basis for a long term to
mounto daration (oo mor			
Physician's Signatu	re:	NPI:	
Da	ite:	License:	
		To: 1-866-353-2727	
☐ I want free educationa	al material sent to my of	ffice regarding Sleep Apnea and CPAI	P for my patients.
		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