

Prescription / Letter of Medical Necessity

Ordering Physician	Physician's Address	Supplier	Supplier Information
Phone		CPAP.com (US Expeditors, Inc)	Fax 1-866-353-2727
Fax		13235 N Promenade	1-713-541-7377
		Stafford, TX 77477	TX License 0062550
			TX Tax ID 760521364

Patient: _____ **DOB:** _____

CPAP.com is requesting this document with authorizations from and at patient's request (See Page 2).

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric g47.33 Other unspecified sleep apnea, 780.57
 Hypersomnia with sleep apnea, unspecified 780.53

Treatment:

- EPAP Therapy (E1399) (Examples: Provent Therapy, Bongo RX)

Supplies:

- All Related EPAP Replacement Supplies (E1399)

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: 1-866-353-2727

- I want free educational material sent to my office regarding Sleep Apnea and CPAP for my patients.
 Do not fax me further prescription requests. To opt out fax 1-866-353-2727 or call 1-800-356-5221.

For Order #0



Patient Release of Records Authorization To Collect Prescription

CPAP.com (US Expeditors, 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 Expeditors, 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 Expeditors, 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