

You can take this prescription form to your doctor and have him/her order your CPAP, Auto-CPAP or BiLevel machine. Use this basic prescription if you do not need to use an insurance company to obtain your CPAP. Only CPAP machines, humidifiers and masks require a prescription, all other CPAP supplies can be purchased here at sleepcpap.com and shipped directly to you without a prescription.

Note: All CPAP prescriptions must be in English.

Prescription for CPAP machine			
Patient Name _____	Date of Birth _____		
Address _____			
Diagnosis:			
PAP Machine Type (circle one)	CPAP	Auto-PAP	Bi-Level
Machine Settings (cmH2O)			
Mask Per Patient's Choice (circle one)	Yes	No	
Heated Humidifier (circle one)	Yes	No	

Physician Notes / Information

CONTACT PERSON _____	Phone# _____
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PHYSICIAN SIGNATURE _____	Date _____
<i>I certify that the above-prescribed item(s) is/are medically indicated and in my opinion is/are reasonable and necessary with reference to the standards of medical practice and the treatment of this patient's condition</i>	