



5209 Linbar Drive, Suite 630  
 Nashville, TN 37211  
 Fax Number: 888-456-3551

### Physicians Order form for CPAP Supplies

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Dx /ICD9 \_\_\_\_\_ Length of Need: 99 months

#### Machine Type

- CPAP Device E0601
- Bi-Level Device E0470
- NPPV Device E0471

#### Humidifier

- Heated Humidifier E0562
- Humidifier, non-heated E0561

#### Sleep Supplies

- All related supplies
- Nasal Mask A7034
- Full Face Mask A7030
- Oral/Nasal Combo Mask A7027
- Oral pillow for Combo Mask A7027
- Nasal pillow for Combo Mask A7029
- Mask Cushion A7032
- Nasal Pillows A7033
- Full Face Interface Cushion A7031
- Oral Interface A7044
- Exhalation Port A7045
- Headgear A7035
- Tubing A7037
- Heated Tubing A4604
- Disposable Filters A7038
- Non-disposable Filters A7039
- Chinstrap A7036

Please provide the above named patient sleep therapy supplies as indicated. In my opinion, this medical equipment is necessary for the treatment of this patient's condition and for their continued well-being.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
NPI number