



Appointments: 877-411-DOZE
Fax: 877-511-DOZE
www.SleepHeart.com

CPAP / BiPAP Rx

Patient Name _____ DOB _____
Phone: Cell _____ Home _____

Prescribed Equipment (please check the appropriate boxes and enter the pressures)

- ___ cm H₂O **CPAP** system including
 - Flow Generator and filters and tubing
 - Heated Humidifier and chamber
 - Mask of nasal pillows/mask with chin strap or full-face mask
 - Above and replacement supplies for 99 months (lifetime)
 - CPAP therapist education and support program

- ___/___ cm H₂O **BiPAP** system including
 - Flow Generator and filters and tubing
 - Heated Humidifier and chamber
 - Mask of nasal pillows/mask with chin strap or full-face mask
 - Above and replacement supplies for 99 months (lifetime)
 - CPAP therapist education and support program

Additional Comments (e.g. oxygen, backup rate): _____

Diagnosis: 327.23 Obstructive Sleep Apnea

ORDERING PROVIDER

I prescribe the above items and certify that these items are necessary for the care of the above patient's listed diagnosis for the specified duration.

Printed Name: _____ Phone: _____
Signature: _____ Date: _____

Please **fax to 877-511-3693** and the patient will be contacted to schedule an appointment.

Please Call 877-411-3693 to directly schedule an appointment.

Reston: Reston Hospital Center, Pavilion Suite 303, 1850 Town Center Parkway, Reston, VA 20190
Rockville: Shady Grove Medical Center, 9707 Medical Center Dr, Suite 200, Rockville, MD 20850
Frederick: 75-A Thomas Johnson Dr, Frederick, MD 21702