



Patient Instructions for Physicians Order Form

Your Life, Your Choice, Our Promise

Phone: 1.866.560.2727

Fax: 1.866.560.4227

Have CPAPSupplyUSA.com Contact Your Physician

1. Fill out all fields in the Patient Information and Physician Information sections of the following form. This can be done electronically by clicking each box and typing the required information.

2. Click the Submit By email button on the second page. This will create a new email with the necessary information attached. Simply send the form to us and we'll contact your Physician!

NOTE: If you use a web-based email client, these instructions will not work. To send us the form, fill out the information as outlined in **Step 1**. Adobe Reader will prompt you to save the information in .xml format. Please attach that file to a new email addressed to "rx@cpapsupplyusa.com".

Alternatively, you may also fill out this form and fax it to your Physician yourself. If you chose to do so, follow the same instructions as above to fill out the form. Once completed, press the Print Form button and fax the printed copy to your Physician's Office Fax Number.

If you need any assistance during the process, please call us at 1.866.560.2727.

CPAP Supply USA, Inc.
12730 Spectrim Lane, STE G
Midlothian, VA 23112
Fax: 1.866.560.4227
Office: 804.353.4240

Physicians Order Form for CPAP Supplies

Patient Information

Name: _____
Address: _____
CITY, STATE, ZIP: _____
Date Of Birth: _____
Phone: _____

Physician Information

Name: _____
Address: _____
CITY,STATE,ZIP: _____
Phone: _____
Fax: _____

Diagnosis #1: 327.23 Obstructive Sleep Apnea

Functional Limits: OSA

- New / Verbal Order.
 CPAP Supplies to Include Humidifier If Needed.

Please select one of the following if this order form is for a machine (optional):

- CPAP BiPAP Auto

Pressure: _____

Length Of Need: 99 Months

Physician's Signature: _____ Date: _____