



Physician's Order for CPAP

Depot Drug

P.O. Box 161020, Salt Lake City, UT 84116 • (800) 877-0618

Fax Completed Form to (801) 595-2051

Please Note:

- If you are prescribing CPAP/APAP/BiPAP for this member, current medical policy requires him or her to obtain this device through Depot Drug mail order pharmacy.
- Contact Depot Drug at (801) 595-4351 with any questions or concerns.

1 PATIENT INFORMATION

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ DOB: ____/____/____ Male Female
Email Address: _____

2 ORDERING PHYSICIAN

NPI: _____ (REQUIRED)
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) - _____ Fax: (____) - _____

3 PRESCRIPTION

Recommended CPAP Prescription:

Machine: ResMed Airsense 10 with Heated Humidifier
Wireless monitoring technology

Settings: 5-20 cm H₂O
 _____ cm H₂O

Mask: Best fit per patient needs
 Other: _____

Length of Need: Lifetime

4 DIAGNOSIS (MUST BE CHECKED)

G47.33: Obstructive Sleep Apnea **Other ICD-10:** ____ . ____ Description: _____

Physician Signature: _____ Date: ____/____/____